



DPT STUDENT HANDBOOK



CLASS OF 2020

Note: Information in this document is subject to change



COLUMBIA UNIVERSITY
IRVING MEDICAL CENTER

Program in Physical Therapy

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Welcome

Welcome to the DPT Program! Your acceptance into the program reflects the faculty's confidence in your past achievements and future potential. Your education is a three-year step-by-step process that will take you from student to competent entry-level practitioner. The DPT curriculum reflects the mission of Columbia University, the philosophical base of the profession, the beliefs and values of the faculty about professional education at the graduate level, and the needs of students who enter with a baccalaureate or advanced master degree.

The **DPT Student Handbook** (hereafter referred to as **Handbook**) was developed to acquaint students with information on the DPT Program: academic and clinical policies and procedures, rules and regulations. It represents the efforts of the faculty, interested in the welfare of its students, trying to make the program most conducive to learning and to assist students in successfully completing all requirements for graduation. This **Handbook** supplements [Essential Policies for the Columbia Community](#). The **Essential Policies** document contains valuable information to help students understand the policies and regulations of the University. Policies pertinent to students are listed under Official University Regulations and Policies, under Part VI H. of the **Handbook**, page 86.

The **Handbook** is not intended to supersede the **Essential Policies**, but to provide information relative to the particular standards and processes of the Program in Physical Therapy. Hence it is important that students become familiar with its contents, and review as necessary, as you will be held responsible for compliance with these policies during your enrollment in Columbia University's DPT program. **To this end, students must sign and return the following to the Program Director:**

1. Receipt of Student Handbook, page 7
2. Code of Conduct, page 83

The faculty reserves the right to revise the enclosed information and regulations at any time as necessitated by changes in program and/or institutional policies and procedures and/or in compliance with accreditation standards set forth by the Commission on Accreditation in Physical Therapy Education, American Physical Therapy Association. Whenever changes occur, students will be duly notified.

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August 2020

“Whatever is good to know is difficult to learn” – Greek proverb

Columbia University
Program in Physical Therapy

RECEIPT OF DPT STUDENT HANDBOOK

The undersigned indicates by his/her signature that he/she has received and read his/her copy of the ***Student Handbook***, Class of 2020.

The undersigned further acknowledges that he/she is cognizant of, and will abide by, the policies and procedures contained within the above document and understands that he/she will be held responsible for compliance for the period of enrollment in Columbia University's Program in Physical Therapy.

In addition, the undersigned will uphold academic and clinical integrity as described in various parts of the ***Handbook***.

Print Name

Signature

Date

3-YEAR CALENDAR
Class of 2020

Year I, 2017-2018

Fall I, August 30-December 22, 16 weeks including final exams

Wed-Thurs, Aug 30-31, Class of 2020 Orientation
Tues., September 4, Labor Day, University Holiday
Thursday, September 21, Observance of Jewish holiday of Rosh Hashanah (Program holiday)
Tuesday, November 7, American election day (University holiday)
Wed-Fri, November 22-24, Thanksgiving Holiday
Wednesday, December 13, Last day of classes
Thurs-Fri, December 14-22, Final exam period
Mon. December 25-January 5, Winter recess

Spring I, January 8-May 11, 2018, 18 weeks including final exams

Monday, January 8, Spring semester classes commence
Monday, January 15, Martin Luther King's birthday (University holiday)
Monday, February 19, President's Day (University holiday)
Thursday-Friday, February 22-23, CSM, New Orleans
Friday, March 2, End of first half of spring semester
Monday, March 5, start of second half of spring semester
Monday-Friday, March 12-16, Spring recess, service learning opportunity
Friday, March 30, Observance of Good Friday (Program holiday)
TBA, April, White Coat Ceremony
Wednesday, May 2, last day of classes
Thursday-Friday, May 3-11, Final exam period
Monday-Friday, May 14-18, Program Recess

Summer I, May 21-July 13, 2018, 8 weeks including final exams

Monday, May 21, Summer semester classes commence
Monday, May 28, Memorial Day (University holiday)
Wednesday, July 4 (University Holiday)
Friday, July 6, last day of classes
Monday-Friday, July 9-13, Final exam period
Monday-Friday, July 16-August 24, Program recess
TBA July or August, Service Learning Opportunity

Year II, 2018-2019

Fall II: Part A Didactic, August 27-October 26, 2018, 9-week session including final exams.

Part B: Clinical Education I, October 29-December 21, 2018, 8 weeks full-time

Monday, August 27, Fall semester classes commence
Wednesday-Thursday, August 29-30, Class of 2021 orientation activities
Monday, September 10, Observance of Jewish holiday of Rosh Hashanah (Program holiday)
Wednesday, September 19, Observance of Jewish holiday of Yom Kippur (Program holiday)
Thursday, October 18, Last day of classes
Friday-Friday, October 19-26, Final exam period
Monday, October 29, Clinical Education I commences
Friday, December 21, Clinical Education I ends
Monday-Friday, December 24-January 4, Winter Recess

Spring II: January 7-May 17, 2009, 18 weeks including spring recess and final exams

Monday, January 7, Spring semester classes commence
Monday, January 21, Martin Luther King's birthday (University holiday)
Thursday-Friday, January 24-25, CSM, Washington, DC
Monday, February 18, President's Day (University holiday)
Monday-Friday, March 18-22, Spring Recess, Service learning opportunity
Friday, April 19, Observance of Good Friday (Program holiday)
Friday, May 3, last day of classes
Monday-Friday, May 6-17, Final exam period
Monday-Friday, May 20-24, Program recess

Summer II, Clinical Education II: May 28-August 2, 2019, 10 weeks full-time

Tuesday, May 28, Clinical Education II commences
Friday, August 2, Clinical Education II ends
Monday-Friday, August 5-August 23, summer recess
TBA, July or August, Service learning opportunity

Year III, 2019-2020**Fall III, 16 weeks including final exams***

Monday, August 26, Fall semester classes commence

Monday, September 2, Labor Day (University holiday)

Monday, September 30, Observance of Jewish Holiday of Rosh Hashanah (Program holiday)

Wednesday, October 9, Observance of Jewish holiday of Yom Kippur

Tuesday, November 5, Election Day (University holiday)

Wednesday-Friday, November 27-29, Thanksgiving holiday

Friday, December 13, Last day of classes

Monday-Friday, December 16-20, Final exam period

Monday-Friday, December 23-January 3, winter recess

* Many of the courses have scheduled projects, presentations and other related activities in lieu of final exams.

Spring III, 2020, Terminal Clinical Experience: Dates depend on clinical site(s) and whether the experience is single or divided.

Monday, January 6, terminal clinical experience period commences

Friday, May 15, terminal clinical experience period formally ends

Tuesday, May 19, Program convocation and awards ceremony

Wednesday, May 20, University commencement

Thursday-Friday, May 21-22, National licensure review course (optional)

NOTES:

- The program does not always follow the University calendar
- All final exam schedules are distributed during the semester

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PART II: CURRICULUM

A. MISSION AND PHILOSOPHY OF THE PROGRAM

The Program's mission is to provide a deep, broad, challenging education, beyond the acquisition of information and marketable skills, encouraging the desire for understanding and the quest for enduring values. Columbia's Program in Physical Therapy adheres to this mission by offering diversity and breadth of educational opportunity to enable faculty, students and graduates to meet the needs of society in an ever-changing health care environment. Faculty is devoted to academic excellence, through imparting knowledge and directing research, which provides evidence in support of physical therapy practice. Students are guided to become compassionate, responsible practitioners who are critical thinkers and lifelong learners capable of integrating knowledge and skill with the art and ethics that a skilled physical therapy practitioner demonstrates.

As an integral part of the College of Physicians and Surgeons, the physical therapy curriculum emphasizes the relationship of the *health care provider* and *patient/client* in the context of family, community and society. In addition to foundational and clinical sciences, the faculty focuses on critical exploration, practice issues and health care systems and management. The physical therapy curriculum provides a climate for learning that reduces memorization, enhances and rewards problem-solving, thus developing the skills for life-long learning. Students are prepared to promote and maintain development across the life span, promote and maintain health, foster adaptation, prevent dysfunction and promote wellness. The Program in Physical Therapy accomplishes these outcomes through implementation of learning principles that promote intellectual curiosity, critical thinking skills, an appreciation for evidence-based practice and the importance of research skills.

The faculty in developing the curriculum recognizes that physical therapy is a complex profession in which answers are context dependent. The philosophy of Columbia University's physical therapy curriculum supports the development of competent clinicians who can embrace this complexity. Practicing in today's clinical area requires physical therapists to demonstrate multifaceted reasoning skills and be committed to lifelong learning in order to apply appropriate knowledge and skills in an every-changing environment. To this end, the curriculum is based upon a dynamic framework that defines the profession of physical therapy including:

- a. APTA Normative Model of Physical Therapist Professional Education
- b. APTA Guide to Physical Therapy Practice
- c. APTA's Vision 2020
- d. APTA Code of Ethics and associated Core Values
- e. Guidelines of Professional Behavior (May & Associates)

To meet the objectives set-forth in a-e, physical therapists need to have the requisite clinical strategies and techniques as well as pragmatic and interpersonal skills in order to communicate, collaborate, implement and coordinate services within a variety of health care settings.

The elements of this framework include: clinical decision-making, service expectations, societal obligations and principles related to professional education at the graduate level. Following is a list of each of these elements and the underlying assumptions that are integrated into the curriculum design of the DPT program.

1. Clinical decision-making

- a. Provision of physical therapy services includes clinical decision-making underlying the individualized evaluation and treatment process. This includes, but is not limited to, patient/client problem identification, examination, evaluation, diagnosis, prognosis and intervention. Students must become familiar with the components of these processes in both a generic and specialized sense.
- b. Recognizing that clinical decision-making occurs on a continuum from the beginner to entry-level practitioner, the curriculum provides the didactic, integrative seminars and clinical education experiences to foster this development.

- c. To address the dissonance, the students experience between best practice as taught in the academic setting and actual clinical education experiences, learning emphasizes the reconciliation between pragmatic and theoretical considerations.
- d. Emphasis needs to be placed on demonstrating critical analysis and decision-making and the integration of academic course work and clinical experience within an evidence-based framework.

2. Responsible, Self-Directed Learner

- a. Students enter the program having demonstrated the ability to participate in a broad undergraduate education and may have demonstrated knowledge and skill in the work place.
- b. At the graduate level students demonstrate different needs and approaches to learning. The curriculum moves beyond traditional teaching tactics to adjust to the diverse needs of the learner.
- c. Students need to assume varying degrees of responsibility for their own learning. The curriculum facilitates this process through faculty role-modeling and by activities that facilitate ways of accessing and using information.
- d. Students enter graduate education as motivated learners with a self-selected career goal. The curriculum progresses from the simple to the complex to allow students to use new and well-established skills to address novel, unexpected and increasingly complex situations.
- e. Students are consumers of their educational system and are included in formulation and evaluation of the system.

3. Professional education

- a. Physical therapy has a unique body of knowledge that needs to be transmitted within a limited time frame to those who are entering the profession. Students must learn to manage their time in order to meet content requirements as well as analysis, synthesis and integration across all course content.
- b. Education of practice must include making connections across professions, placing the profession of physical therapy in a larger context. Students are provided with learning opportunities for collaborative and interprofessional approaches to health care.
- c. Clinical education provides ample time and opportunity to apply theories and skills to actual practice.
- d. The learning environment includes a variety of role-models who embody those qualities that are valued by the profession.
- e. Faculty in professional education are experienced practitioners who assume responsibility for transmitting the values of the profession to the student. Faculty assumes the role of mentor and facilitator rather than the student's only source of knowledge.

4. Service context

- a. Traditional health care facilities are no longer the only arenas of practice for physical therapists. Students become familiar with a variety of existing and emerging practice settings.

- b. Health care is ever changing. Students become familiar with change as an environmental reality. In response, they learn ways of anticipating, planning for and responding to change.
- c. Physical therapists engage in and respond to the varying demands of different situations. Students are prepared to translate physical therapy principles to provide both direct and indirect services.
- d. In the midst of reforms in health care, professional education prepares students to respond to fiscal realities. These realities demand that physical therapists be prepared to deliver the best quality service based on current evidence and constraints of the health care environment.

5. Society

- a. Membership in a profession carries privileges and responsibilities assigned to that profession by society. These responsibilities include, but are not limited to, a need for adherence to ethical standards, which requires familiarization by the student.
- b. Students need to acknowledge that the profession has made a covenant with society to approach every patient/client with the highest degree of integrity, to provide humane care to persons under their care and to respect cultural diversity and individual differences.

B. CURRICULUM DESIGN

The program is built on a curriculum that grounds the students in the following domains of learning necessary for entry-level practice:

- Scientific Foundations
- Clinical Sciences
- Critical Exploration
- Professional Development & Practice
- Health Care Systems and Management
- Specialized Areas of Clinical Practice
- Clinical Education

Upon completion of the program, students will affirm 4 broad performance outcomes that define a competent entry-level physical therapy clinician in today's health care system.

1. Conceptual competence: understanding the theoretical foundations of the profession
2. Technical competence: ability to perform skills required by the profession
3. Integrative competence: ability to merge theory and skills in the practice setting
4. Career Marketability: ability to tailor learning experiences that supports the individual's interest

Following is an overview of how the performance outcomes are organized around the seven curricular components. Starting on page 23, you will find a description of the seven curriculum components and the specific courses that are organized around each component.

Overview of the Performance Outcomes for the DPT Program

Conceptual competence:

Scientific foundations
Clinical sciences
Critical exploration
Professional development and practice
Health care systems and management
Electives

Technical competence:

Clinical sciences
Electives
Integrated Clinical Experiences (ICE)
Clinical Education I, II

Integrative Competence:

Critical exploration
Clinical experience
NPTE results

Career Marketability:

Advanced courses
Electives
Clinical experience

1. Scientific Foundations: Courses in the basic sciences provide fundamental knowledge related to normal and abnormal human structure, function and response to injury and disease. They enhance the student's ability to make quantitative and qualitative observations and facilitate understanding of the clinical sciences.

Specific courses:

Gross Anatomy
Neuroscience
Applied Physiology
Medical Screening I, II and III
Kinesiology & Biomechanics I, II
Movement Science

2. Clinical Sciences: Courses provide laboratory and practical learning experiences, which build on the scientific foundations. Students acquire skills to examine, evaluate and prepare a plan of care for individuals served. Students develop the knowledge necessary for understanding, presenting rationale for and applying intervention strategies. Critical decision-making and the principles of evidence-based practice are integrated throughout these courses and are built upon with reflective practice concepts in the Clinical Case Management Seminar. The advanced topics courses allow students to gain greater knowledge and skill in a clinical area of interest. Course formats include lecture, laboratory, small group interactions, self-directed learning, case studies, problem-solving sessions and patient demonstrations in the clinical setting.

Specific Courses:

Examination & Evaluation
PT Procedures
Concepts in Therapeutic Exercise
Physical Modalities
Soft Tissue Mobilization
PT Management of Integumentary Impairments
PT Management of Cardiopulmonary Conditions
PT Management of the Adult with Neurological Conditions I, II
PT Management of Orthopedic Conditions I, II, III, IV
PT Management of Pediatric Conditions
Clinical Geriatrics
Orthotics
Prosthetics
Clinical Case Management Seminar
Medical Screening I, II and III
Advanced Topics in Adult Neurorehabilitation
Advanced Topics in Orthopedics
Advanced Topics in Pediatrics
Complex Medical Conditions

Conceptual Organization of PT Curriculum (continued)

3. Critical Exploration: These courses are designed to develop skills necessary for evidence-based practice and assist the students to analyze interventions within a disablement framework from multiple perspectives. A scholarly project is completed as the culminating requirement of Evidence-Based Practice III under the tutelage of a faculty member. Students develop an evidence-based case study in the Clinical Case Management seminar. Students who seek a more intensive research experience work with faculty in the completion of a research practicum. This experience provides an opportunity to implement a research project.

Specific courses:

Evidence-Based Practice I, II, III

Research Practicum Elective I, II, III

4. Professional Development & Practice: Courses are designed to educate students in the multiple dimensions of professional practice. Professional roles of the physical therapist as a clinician, administrator, educator and consultant are explored. The history, advancements and future of physical therapy practice are discussed. Professionalism, ethical/legal standards, psychosocial factors in patient/client management, therapeutic communication and teaching-learning principles are covered.

Specific courses:

Professional Leadership & Practice I, II, III

5. Health Care Systems and Management: Students are provided with knowledge of health care systems and the role of physical therapy in the provision of health care and services in various practice settings.

Specific courses:

Professional Leadership & Practice IV

6. Electives: Designed to supplement the Clinical Sciences, these courses afford students the opportunity to study specialized areas of clinical practice with faculty or clinician mentors. Opportunities also exist for developing competency in research beyond the entry-level requirement and in teaching.

Specific courses:

Teaching Practicums, (Lectures, Labs, or Small Groups)

Research Practicum I, II and III

Integrative Therapies

Women's Health Issues

Sports Rehabilitation

Performing Arts PT

Craniofacial Pain of Cervicogenic Origin (Headaches & Temporomandibular Disorders)

Service Learning

Medical Spanish

Foot & Ankle Rehabilitation

Hand & Upper Extremity Rehabilitation

Vestibular Rehabilitation

Topics in Cardiopulmonary

Management of the Running Athlete

Spinal Cord Mobility

Independent Study

7. Clinical Education: Provides opportunities in direct patient care, teaching and administration under the supervision of a licensed physical therapist. Students integrate clinical skills developed in the curriculum with various patient populations. Clinical Education Seminars prepare students for their clinical experiences by providing a thorough understanding of roles and responsibilities including integration into the workplace and expectations of a licensed clinician. Integrated Clinical Experiences (ICE) in conjunction with the clinical science courses integrate academic information and clinical skills and precede Clinical Education I and II.

Specific courses:

Clinical Education Seminars I, II, III, IV

Integrated Clinical Experience (ICE)

Clinical Education I, II

Terminal Clinical Experience

C. PROGRAM OF STUDY

The DPT program encompasses 3 years of full-time study, which equates to 8 academic and clinical sessions occurring over 31 consecutive months. Clinical education is 8, 10 and 18 (or 9 x 2) weeks respectively (Clinical Education I, II and the Terminal Clinical Experience). Students are in class an average of 5 days per week to allow for assimilation and application of new knowledge as well as provide the time for more student self-directed learning activities. Following Columbia's medical curriculum model, courses were designed to reflect hours of instruction rather than point credits to afford a more independent learning environment that facilitates the attainment of knowledge and skills. Contact hours per week for the semesters in which clinical education occurs are a minimum of 35 and a maximum of 45 hours per week and mirror the clinical workweek.

The DPT program prepares graduates for entry into physical therapy in the domains of clinical practice, research, education, consultation and administration. The curriculum includes academic preparation and clinical experiences in health care facilities nation-wide and abroad. Academic instruction is comprised of didactic courses in basic and clinical sciences, patient management, evidence-based practice, professional issues, administration and education. Areas of concentration within physical therapy are explored in the advanced topic courses, electives and the clinical internship. Learning is viewed as a dynamic and interactive process requiring active student participation in a variety of educational experiences. The program facilitates the development of appropriate professional behaviors and students are expected to internalize and demonstrate professional values and ethical behavior.

Clinical experiences, including integrated clinical experiences tied to a variety of didactic courses, are interspersed throughout the curriculum to facilitate integration of academic information with clinical practice. Full-time clinical experiences begin in the second half of Fall II, continue in Summer II and culminate with the internship experience in Spring III. All affiliations are full-time in health care institutions throughout the country and abroad, comprising a total of 36 weeks of practice.

A *Scholarly Project*, the investigational component of the DPT, is required of all students for graduation. This project enables the student to learn how to develop and implement inquiry into a narrowly defined topic of relevance to physical therapy. The project is intended to serve as a vehicle to integrate new information with that existing in the field. The *Clinical Case Management Seminar* culminates with a reflective case study that integrates consideration of all systems with hands-on clinical experience, review of evidence-based literature and clinical consultation. For students wanting a more intensive research experience, the *Research Practicum* is offered by applying for and being selected to work with a faculty member on an ongoing research project.

D. CURRICULUM DESIGN AND PLAN

The educational content of the DPT is conceptually organized around 7 curricular components; *Scientific Foundations, Clinical Sciences, Critical Exploration, Professional Leadership and Practice, Health Care Systems and Management, Specialized Areas of Clinical Practice, and Clinical Experiences*. These curricular components were designed to progress from simple knowledge to complex integration and application, involving critical thinking and clinical decision-making. Course objectives illustrate a hierarchy of learning within each academic semester and throughout the curriculum. The methods of instruction include strategies and tactics from both reception learning (lectures) and discovery learning (problem-based learning methodology). The DPT curriculum acknowledges the academic abilities of students, as evidenced by the expected student outcomes, especially the demonstration of principles of learning, problem-solving, critical thinking, clinical decision-making and evidence-based practice.

All matriculated students enroll in the same courses through Spring II, although some elective options are offered. In Fall III, students continue with required core courses, select an advanced topic course in a chosen clinical area of interest (adult neurorehabilitation, orthopedics or pediatrics) and select from a wide array of specialty options.

1. Integration of Foundational and Clinical Sciences

The courses in which the students are enrolled in Fall and Spring Year I are a combination of *Scientific Foundations* and physical therapy *Clinical Sciences*. During the initial year of study (Fall I, Spring I, Summer I), the courses are designed to reinforce one another by coordinating and integrating content using a case study approach. The sequence of Year I courses and those in the early part of Fall II (Part A) are further integrated in the first 8-week full time *Clinical Education* experience which follows in the latter part of Fall II (Part B).

During the second year, students continue the *Clinical Science* courses, complete the second and third part of the orthopedic series and begin course work in adult neurorehabilitation and pediatrics. Again, these courses are sequenced to integrate and advance previously learned material and to promote synthesis and clinical application. The clinical courses are coordinated

across content areas to facilitate clinical application in more complex patient/client situations through the continued use of case studies, which address patients/clients with multi-system involvement.

Upon completion of Fall and Spring Year II courses, students enter into their second full-time *Clinical Education* experience for 10 weeks (Summer II). As students progress through this assignment, they are held increasingly responsible for retaining prerequisite knowledge and skill. This is part of the students' professional growth process as they continue to acquire competency and familiarity with their new professional role as preparation for entry into practice as safe and effective clinicians. The entire academic and clinical sequence of Year II prepares students for the advanced core courses, concentration courses (advanced seminars) and specialized areas of clinical practice that occur during Fall III. The *advanced courses*, *general electives* and *specialized areas of clinical practice taken for credit* have been developed to give students the opportunity to gain greater knowledge and skill in clinical areas of interest. During this semester, courses emphasize critical analysis of current literature and synthesis of previous and concurrent course work into the development of a working model for evidence-based practice. As the final integrative course, the *Clinical Internship* (Spring III, 18 weeks full-time) assists the students in internalizing those behaviors consistent with the expectations of professional practice.

2. Integration of Critical Exploration

During Year I, *Evidence-Based Practice I and II* introduces the students to stages of the research process including aspects of research design, methodology and evaluation. These courses, with associated projects, prepare students to analyze literature in terms of applicability to evidence-based practice and provides the foundation for completing a *Scholarly Project*, requiring the formulation of a question that uses systematic and explicit methods to identify, select and critically appraise relevant research, and to collect and analyze data from the review studies. (Glasziou, 2009 Centre of Medicine, University of Oxford).

Continued development of evidence-based practice acumen occurs in the *Clinical Science Courses and Clinical Case Management Seminar* that follow in Years II and III. The critical inquiry component of the advanced topic courses in Fall III requires the completion of an evidence-based scholarly project (master class or its equivalent).

Students who desire a more intensive level of research experience can take the *Research Practicum Elective* (series of 3) and depending on the nature of the project consists of working individually or in small groups with a faculty mentor. Completed projects are presented as poster or platform presentations showcased during Research Day to faculty, program students and invited guests. The research projects may lead to publication and are often presented by the students at national meetings.

The unifying principle of the *Clinical Case Management Seminar*, Fall III, and *Complex Medical Conditions*, is to build upon self-reflection as students have the opportunity to revisit their Clinical Education II experiences with the purpose of providing the most comprehensive and highest quality care through discussion with faculty serving as clinical experts. Students analyze the clinical decision making processes followed during their second affiliation and consider changes to

the plans of care initially prescribed. In suggesting changes to these plans of care, students reflect on individual characteristics of the patient/client, as well as all physiologic systems, the available evidence, the experience of clinical experts and anticipated outcome measures. The cases reflect various diagnoses, interventions and prognoses, age and gender issues in multiple care settings.

3. Integration of Professional Development Leadership and Practice

This is a series of courses designed to educate students about the multiple dimensions of professional practice in physical therapy. These courses examine the professional roles of the physical therapist as a clinician, administrator, educator and consultant. Topics covered in the series include the history, development and future of physical therapy practice, professionalism, ethical and legal standards, psychosocial factors in patient/client management, therapeutic communication and teaching and learning, business and marketing, health policy, and health and wellness.

In Fall I, students are introduced to the scope of professional physical therapy practice. Students develop an understanding of the structure and governance of the American Physical Therapy Association (APTA) and examine legislative/regulatory action at the national, state and local levels. Students learn about physical therapy practice across all clinical settings and the continuum of care. The principles of patient-centered care and service integration with the interdisciplinary rehabilitation team are emphasized as essential components in successful rehabilitation outcomes. The Biopsychosocial Model of Healthcare is introduced as a foundation for physical therapy practice and students begin to explore the role of the PT and PTA in identifying and managing psychosocial issues in patient care.

In Spring II, students begin their exploration of the profession's ethical standards. Students are introduced to the profession's core ethical documents and principles. Case studies are utilized to identify ethical dilemmas in health care and students learn to utilize various resources/models to guide ethical decision-making. The history of bioethics, evolution of the provider-patient relationship and influence of bioethical principles on health care policies is examined. Students continue their professional development in understanding the impact of psychosocial factors in adaptation to illness and disability. Topics include therapeutic communication and counseling approaches, behavioral change and motivational interviewing, cultural competence, adherence and compliance, psychological conditions commonly seen in physical therapy practice and domestic violence. Case study, role-play, small group discussion and clinical narratives are used to facilitate analysis, self-reflection and to promote students' professional development.

In Fall III, students are introduced to important principles and concepts in teaching and learning. Students learn to identify the capabilities and needs of learners and the role of educators in the health care environment. The importance of individualizing and adapting teaching methods and content based upon learner's educational level, health literacy, cognition, cultural values, attitudes and beliefs are emphasized. Students will also examine the role of the physical therapist as a consultant and expert witness in professional liability cases. Students engage in analysis of professional liability case materials and utilize legislation from state practice acts, APTA Code of Ethics, Guide to Professional Conduct, Guide to PT Practice and other regulatory documents to determine whether a physical therapist's actions are in accordance with the standards of care. The role of the physical therapist as an administrator in contemporary clinical practice is investigated through a series of panel discussions with owners, managers and program Directors.

4. Integration of Health Care Systems and Management

During Fall III, courses provide the foundation for the promotion of health education and wellness, they also address organizational and financial aspects of health care delivery, principles of access, and examine government and regulatory systems, and economic and political forces that impact on contemporary practice. Ways to market physical therapy services are also explored.

5. Integration of Clinical Education

During Spring I, and in subsequent semesters, the clinical courses use an integrated clinical experience (ICE) in which students are paired with a faculty member in the clinical environment to practice skills and procedures presented in previous and concurrent lecture and laboratory courses as well as observe more advanced clinical practice techniques. Additionally, students begin to model professional behaviors through observation of patient/client/practitioner and interdisciplinary health care team interactions. These mentoring experiences precede Clinical Education I and II and serve to facilitate an understanding of transition from student to clinician.

The full-time clinical education experiences, *Clinical Education I* (8 weeks) and *II* (10 weeks) occurring during Fall and Summer II respectively were designed to enable students to apply didactic knowledge in clinical practice settings under the guidance of licensed physical therapists who serve as teachers. These experiences were designed to progress the students from simple to complex skill acquisition to enhance clinical decision-making and professional judgment as the students interact with patients, clients and health care providers across the continuum of care.

The *Clinical Experience* (18 weeks), consists of either two 9-week affiliations, or one 18-week affiliation depending on clinical site selection. This is the final integrative experience of the curriculum, occurring in Spring III. Under the guidance of a licensed physical therapist, now serving in the role of a mentor, students assume responsibility for achieving established learning objectives. Students continue to develop their clinical decision-making abilities and apply principles of evidence-based practice to clinical judgment. However, at this level, students are expected to move beyond the management of patients/clients and create opportunities to participate in program and policy development, administrative plans, educational projects, clinical teaching and research activities.

The program's philosophy in assigning clinical placements throughout the curriculum is based upon the trend and direction of physical therapy practice. To this end, students may have to leave the city of New York for one or more of their affiliation experiences. For the internship experience, geographical needs of students and selection of their specialization tracks will be considered for placement.

E. THE SEQUENTIAL CURRICULUM

1. Course Sequence

The curriculum is sequential; all courses are prerequisite for the courses that follow. See Table 3 for the sequencing of courses per semester.

2. Key to Course Listings and Curriculum Outline by Semester

All program DPT courses are designated 800 and 900 level courses. Each course number consists of capital letters that indicate the curriculum for whose students the course is primarily offered. The 4-digit number designates the subject area of the course.

8100	Scientific Foundations
8200	Professional Development
8300	Clinical Sciences (Procedures, Modalities and Therapeutic Exercise)
8500	Health Care Systems & Management
8600	Clinical Sciences (PT Management Discipline Specific)
8700	Critical Exploration (Research)
8800	General Electives, Sub-Specialization Electives Research and Teaching Practicums
8900	Clinical Education I & II
9000	Clinical Sciences (Advanced Topics)
9200	Clinical Experience

The number of points listed for each course reflects lecture, laboratory, seminar, out-of-class assignments and research hours associated with the course and is used for the purpose of computing a cumulative grade point average (GPA). In-class hours are listed followed by estimated out-of-class-hours required to meet course objectives. The ranges for out-of-class hours have been compiled from course evaluations and are based on responses equaling 50% or more from any given class. The faculty believes that both in-class and out-of-class hours give the students a more realistic expectation of the amount of time required, during any given semester, to develop the study and time management skills to successfully pass each course.

Clinical Education I and II and the Clinical Experience are graded Pass/Fail. No points are given for these experiences as students adhere to the work schedule of their clinical instructors at the facilities to which they have been assigned. Clinical education hours and expectations tend to vary; hence, it is difficult to assign equity points. **However, successful completion of the clinical education portion of the curriculum is a requirement for awarding the DPT degree.**

No points are given for the elective offerings following a continuing education format. Attendance is mandatory to receive a “Pass” grade. The electives taken for credit have a grading and attendance component, which varies depending on the nature of the course. Both types of electives provide the opportunity to study with experienced (master) clinicians.

Research and Teaching Practicums are taken for credit and are graded, based on meeting outcomes through the development of “contracts” between the faculty mentor and student.

YEAR I

Fall Semester (16 weeks including final exams)	Credit Hours	In-Class Hours/Week	Out-of-Class Hours/Week	Primary Course Instructor(s)
PHYT M8100 Gross Anatomy	7	10	5 - 12	Drs. Stacy Kinirons & Robert Evander
PHYT M8115 Applied Physiology	2	2	1 - 6	Dr. Colleen Brough
PHYT M8125 Kinesiology & Biomechanics I	5	7	3 - 9	Drs. Cynthia Chiarello & Wing Fu
PHYT M8211 Professional Leadership & Practice I	2	2	1 - 2	Dr. Laurel Daniels Abbruzzese
PHYT M8301 Examination & Evaluation	3	4	2 - 4	Dr. Martha Sliwinski
PHYT M8704 Evidence-Based Practice I	2	2	1 - 6	Dr. Ashwini Rao
Totals	21	27	13 - 39	

Spring I (18 weeks including spring recess & final exams)	Credit Hours	In-Class Hours/Week	Out-of-Class Hours/Week	Primary Course Instructor(s)
PHYT M8003 Clinical Education Seminar I	0	Variable*	Variable*	Drs. Colleen Brough & Mahlon Stewart
PHYT M8105 Neuroscience	4	4	5 - 12	Drs. Stacy Kinirons & Ashwini Rao
PHYT M8112 Medical Screening I	2	2	1 - 2	Dr. Michael Johnson
PHYT M8126 Kinesiology & Biomechanics II	3	3 - 4	3 - 7	Dr. Laurel Daniels Abbruzzese
PHYT M8130 Movement Science	2	2	3 - 9	Dr. Clare Bassile
PHYT M8303 PT Procedures	3	4	1 - 6	Dr. Mahlon Stewart
PHYT M8308 -1 st half of semester Concepts in Therapeutic Exercise	2	5	3 - 9	Drs. Rami Said & Jean Timmerberg
PHYT M8610-2 nd half of semester PT Mgt. of Orthopedic Conditions I	2	6	3 - 9	Dr. Jean Timmerberg
PHYT M8212 Professional Leadership and Practice II	2	2	1-3	Dr. Laurel Daniels Abbruzzese
PHYT M8705 Evidence-Based Practice II	2	2	1 - 6	Dr. Ashwini Rao
Integrated Clinical Experiences (ICE)	(0)	Variable*	Variable*	
PHYT M8849 Service Learning Elective	(2)	(0)	1 week in Guatemala during Spring Recess Dr. Martha Sliwinski	
Totals	22 (24)	30 - 31*	21 - 63 * + (Elective)	
			*Seminar does not meet on a weekly basis.	

continued. The Curriculum

Summer I (8 weeks including final exams)	Credit Hours	In-Class Hours/Week	Out-of-Class Hours/Week	Primary Course Instructor(s)
PHYT M8310 Physical Modalities	1	4 – 5 x 4 wks	2 - 4	Dr. Wing Fu
PHYT M8315 Soft Tissue Mobilization	2	5	1 – 6	Dr. Kevin Wong
PHYT M8611 PT Mgt. of Orthopedic Conditions II	4	9	3 - 9	Dr. Jean Timmerberg
PHYT M8634 Clinical Geriatrics	3	6	3 - 6	Dr. Laurel Daniels Abbruzzese
PHYT M8800 Medical Spanish Elective	(0)	(12.5 total)	(0)	Mr. Michael Shane (Adjunct Faculty)
PHYT M9071 Medical Screening II	2	2	1-6	Dr. Michael Johnson
Total	12	26 - 27*	10 - 31 + (Elective)	

(continued)

YEAR II				
Fall IIA (8 weeks including final exams)	Credit Hours	In-Class Hours/Week	Out-of-Class Hours/Week	Primary Course Instructor(s)
PHYT M8004 Clinical Education Seminar II	0	Variable*	Variable*	Drs. Colleen Brough & Mahlon Stewart
PHYT M8601 PT Mgt. of Cardiopulmonary Conditions	3	6	3 - 9	Kim Stavrolakes & Affiliates of NYPH
PHYT M8612 PT Mgt. of Orthopedic Conditions III	4	9	5 - 12	Dr. Jean Timmerberg
PHYT M8620 PT Mgt. of the Adult with Neurological Conditions I	3	6	3 - 9	Drs. Clare Bassile & Martha Sliwinski
PHYT M8636 Orthotics	2	4	4 - 7	Dr. Kevin Wong
Integrated Clinical Experience (ICE)	0	0	Variable Clinic Time*	Program Faculty
PHYT M8853 Research Practicum I Elective	(1)	(0)	(Variable)	Dr. Jacqueline Montes & Faculty
Totals	12 (13)	25	15 - 37 * + (Elective)	
		*Seminar does not meet on a weekly basis		
Fall IIB (8 weeks)	Credit Hours	In-Class Hours/Week	Out-of-Class Hours/Week	Primary Course Instructor(s)
PHYT M8901 Clinical Education I	0	0	35 - 45*	Drs. Colleen Brough & Mahlon Stewart
Totals	0	0	280 - 360*	
			*Hours are determined by the clinical affiliation site.	

(continued)

Spring II (18 weeks including spring recess & final exams)	Credit Hrs	In-Class Hours/Week	Out-of-Class Hours/Week	Primary Course Instructor(s)
PHYT M8005 Clinical Education Seminar III	0	Variable*	Variable*	Drs. Colleen Brough & Mahlon Stewart
PHYT M8560 Professional Leadership & Practice III	2	2	1 - 6	Dr. Debra Krasinski
PHYT M8311 PT Mgt. of Integumentary Impairments (1 st half of semester)	2	4	1 - 6	Richie Singson (Adjunct Faculty)
PHYT M8613 PT Mgt. of Orthopedic Conditions IV	5	7	5 – 9	Dr. Cynthia Chiarello
PHYT M8621 PT Mgt. of the Adult with Neurological Conditions II: Spinal Cord Injures & Complex Neuro Patients	5	6	5 - 12	Drs. Clare Bassile & Martha Sliwinski
PHYT M8630 PT Mgt. of Pediatric Conditions	5	6	5 - 12	Drs. Lisa Yoon & Wing Fu
PHYT M8637 Prosthetics (2 nd half of semester)	2	5	1 - 4	Dr. Kevin Wong
Integrated Clinical Experiences (ICE)	0	0	Variable*	Program Faculty
PHYT M8854 Research Practicum II Elective	(1)	(0)	Variable*	Dr. Jacqueline Montes & Faculty
PHYT M 8849 Service Learning Elective	(2)	(0)	Drs. Sliwinski & Yoon: 1 week in Guatemala either as a returning student or first-time experience during Spring or Summer II Recess	
Totals	21 (24)	30*	18 – 49 + (Elective)	
		*Seminar does not meet on a weekly basis.		

Summer II (10 weeks)	Credit Hrs	In-Class Hours/Week	Out-of-Class Hours/Week	Primary Course Instructor(s)
PHYT M 8902 Clinical Education II	0	0	35 - 45*	Drs. Colleen Brough & Mahlon Stewart Directors of Clinical Education
Totals	0	0	350 - 450* + (Elective) *Hours are determined by the clinical affiliation site	

YEAR III				
Fall III (16 weeks including exams & completion of all projects)	Credit Hrs	In-Class Hours/Week	Out-of-Class Hours/Week	Primary Course Instructor(s)
PHYT M8007 Clinical Education Seminar IV	0	Variable*	Variable*	Drs. Colleen Brough & Mahlon Stewart.
PHYT M8217 Professional Leadership & Practice IV	5	Variable*	3-6	Drs. Laurel Abbruzzese & Debra Krasinski, Martha Sliwinski, Michael Johnson, Lila Abbate, Mary Jean Taylor
PHYT M9040 Clinical Case Management Seminar	2	Variable*	2 - 6	Dr. Wing Fu
PHYT M9072 Medical Screening III	2	2	2 - 3	Drs. Michael Johnson & William Boissonnault (adjunct faculty)
PHYT M9041 Complex Medical Conditions	1	2	Variable*	Dr. Wing Fu
Concentration Track (select 1) PHYT M9015 Advanced Seminar in Orthopedics PHYT M9025 Advanced Seminar in Adult Neuro-rehabilitation PHYT M9035 Advanced Seminar in Pediatrics ***Additional hours outside of class to participate in rounds, conferences, clinics and other patient care activities at CUIMC and external clinical sites	4	Variable*	4 - 6 5 - 12 5-12	Drs. Kevin Wong & Evan Johnson Dr. Clare Bassile Dr. Lisa Yoon
Totals (Required Coursework)	14	Variable	12 + Variable	
ELECTIVES				
PHYT M8801 Elder Interdisciplinary Program	(1)	Variable*	Variable*	Dr. Laurel Abbruzzese
PHYT M8802 Spinal Cord Injury	(1)	Variable*	Variable*	Dr. Martha Sliwinski
PHYT M8804 Integrative Therapies	(1)	8 x 2 sessions)	1-2	William Gallagher & Richard Sabel (Adjunct Faculty)
PHYT M8812 Vestibular Rehabilitation (required for students in the Adult Neurorehabilitation & Pediatric topic courses)	(1)	Variable*	6 - 12	Dr. Clare Bassile David Malamut (Adjunct Faculty)
PHYT M8815 Women's Health Issues	(1)	4 x 7 wks	1 - 6	Dr. Lila Abbate (Adjunct Faculty)
PHYT M8825 Sports Rehabilitation	(1)	Variable*	1 - 4	Dr. Rami Said (Adjunct Faculty)

PHYT M8830 Hand Rehabilitation	(1)	Variable*	1 - 4	Dr. Sue Michlovitz (Adjunct Faculty)
PHYT M8832 Foot & Ankle Rehabilitation	(1)	Variable*	3 - 6	Dr. Cameron Gomez (Adjunct Faculty)
PHYT M8833 Craniofacial Pain of Cervicogenic Origin: Headaches & Temporomandibular Disorders	(1)	4 x 10 wks	1- 4	Dr. Jeffrey Mannheimer (Adjunct Faculty)
PHYT M8835 Performing Arts PT	(1)	Variable*	3 - 6	Dr. Cameron Gomez (Adjunct Faculty)
PHYT M8845 Teaching Practicum: Lecture	(1)	Variable*	Variable*	Dr. Stacy Kinirons
PHYT M8846 Teaching Practicum: Laboratory	(1)	Variable*	Variable*	Dr. Stacy Kinirons
PHYT M8847 Teaching Practicum: Small Groups	(1)	Variable*	Variable*	Dr. Cynthia Chiarello
PHYT M8855 Research Practicum III	(1)	Variable*	Variable*	Dr. Jacqueline Montes & Faculty
PHYT M8857 Management of the Running Athlete	(1)	Variable*	Variable*	Dr. Colleen Brough
PHYT M9005 Topics in Cardiopulmonary	(1)	Variable*	Variable	Kimberly Stavrolakes (Adjunct Faculty)
Total	10			

Summer III (18 weeks)	Credit Hrs	In-Class Hours/Week	Out-of-Class Hours/Week	Primary Course Instructor(s)
PHYT M 9200 Terminal Clinical Experience	0	0	35 – 45*	Drs. Colleen Brough & Mahlon Stewart
Totals	0	0	630 – 810* + (Elective) *Hours are determined by the clinical affiliation site	

Faculty reserve the right to revise the curriculum as deemed necessary

F. ACADEMIC COMPETENCIES RELATED TO RESEARCH

Each student must complete certain certifications in order to progress through courses related to the Evidence-Based Practice and Research Practicum. These certifications are applicable to all students on the health science campus. The courses can be accessed through the [website for CUIMC research administration](#)

1. Human Subject Protection Training

This on-line course (TC0087) is required for all health science students and faculty prior to involvement in research projects. This certification is incorporated as part of the overall grade in the *Evidence-Based Practice I* course during Fall I. The certification reflects the student's knowledge of inherent concepts for appropriate human subject protection and good clinical research.

2. Health Insurance Portability and Accountability Act (HIPAA) Training Course

This on-line course (TC0019) is also required for all students and faculty participating in clinical research and clinical practice. Completion of this course is incorporated as part of the overall grade for the *Evidence-Based Practice I* course during Fall I.

3. University Requirements for Participating in Research

DPT students may elect to participate in a research elective with a faculty member associated with the Program in Physical Therapy. Participation in research elective may involve the development of a new research protocol, search of the literature, collection and analysis of data, and preparation of conference presentation and manuscripts. The Columbia University Institutional Review Board (IRB) must approve all research protocols before a study can be conducted. The University's IRB serves to protect human participants in biomedical and behavioral research. It is required that any investigator, student or faculty member must fulfill specific requirements as part of the IRB approval process. These include certifications listed above (#1 and #2).

PART III: POLICIES & PROCEDURES

A. GENERAL POLICIES

Students are expected to:

1. Attend all scheduled classroom, seminar, laboratory and clinical sessions. Being consistently late or absent is considered unprofessional behavior and disciplinary action may be taken. Courses in the DPT curriculum include class, seminar and laboratory participation as part of the course grade. (See Class Attendance, which is incorporated into all course syllabi (page 40.)
2. Complete all written assignments on time according to the format prescribed by the course instructor.
3. Demonstrate professionalism in all course activities:
 - a. Dress appropriately for class, laboratory and prescribed clinical assignments and clinical visits in lieu of classroom laboratory sessions and for Clinical Education I, II and the Clinical Internship (See Laboratory and Clinical Attire and Responsibilities).
 - b. Be prepared for class. Professors assume that the assigned readings have been completed as class time is spent on clarification of material and expansion of content.
 - c. Laboratory and classroom space calls for special consideration by all students with regard to personal and University property. Each area must be kept clean and orderly. Students are expected to:
 - Set up lab according to course director's instructions
 - Handle all laboratory materials with care.
 - Return equipment to its original place.
 - Return borrowed materials to their place or source.
 - Report broken or non-working pieces of equipment to the instructor.
 - Clean up after every laboratory session. All plinths are to be stacked. Pillows, floor mats and equipment are to be put away.
 - Return classroom to its customary set-up for lectures if chairs have been rearranged for meetings or seminars.
 - d. Eating and drinking is permitted in the North & South Classrooms on NI8 before and after class as well as in the external classrooms used by the program. Bottles and trash need to be discarded in the trash receptacles located in every classroom. However, this is a privilege and if the classrooms are not kept clean (especially NI8 North and South), this privilege will be revoked.
 - e. Observe time limits of breaks. Professors will begin at the designate times. Late returnees are a distraction for the rest of the class.
4. Recognize the need for and seek help from the professors as early as possible.

B. SPECIFIC POLICIES

1. Class Attendance

The faculty has put a lot of time and effort into their course development and modes of instruction for student attainment of clinical competency beyond what the APTA Department of Education and the corresponding accreditation body, Commission on Accreditation in Physical Therapy Education (CAPTE), describe as

necessary for entry-level practice. Realizing there are times when an absence is necessary, the attendance policy written below has been incorporated into all course syllabi.

The Physical Therapy Program's attendance policy has been designed to reflect the professional behaviors expected of the physical therapist in the clinical environment. It is expected that all students attend all classes, arrive on time and stay until the class ends. In the event of an absence, student must notify the course instructor within 24 hours of the scheduled class. Excused absences are those due to illness, emergency situations, observance of religious holidays (including travel time that the course director deems reasonable) and attendance at a professional conference (with the permission of the Program Director). Unexcused absences are those due to any reason other than what is stated above. If you have an extenuating circumstance, please speak with the course instructor. Students are responsible for all missed course content and assignments. Faculty is not responsible for reviewing missed content with students on an individual basis. Unexcused lateness and absences are considered unprofessional behaviors and may negatively impact course grade as determined by the course director. Each unexcused absence may result in a one-point deduction from the course grade. Each unexcused late arrival or early departure from class may result in a 1/2-point deduction from the course grade.

2. Classrooms

The third floor of the Georgian houses the Programs in Physical and Occupational Therapy. Specific classrooms on this floor include:

Georgian 1 and 2 classrooms: Lecture and laboratory

Conference Room: Reserved for faculty and/or student related meetings.

Rooms 319 and 327: Photocopying room and faculty mailboxes. Only authorized work-study students, faculty and staff have access to this room and to use the photocopier. Items to be placed in faculty mailboxes should be given to the program's administrative aide who sits at the reception desk.

In addition to the classrooms in The Georgian, the program uses classrooms in the following buildings; (See Getting Around Campus, Appendix A, page 95).

Hammer Health Science Building & Library
(HSC) 1st & 2nd lower level, 3rd & 4th floors

Vagelos Education Center
5th Floor (Gross Anatomy Lab)

Russ Berrie Medical Science Pavilion
(RB), 1st floor
William Black Building
Alumni Auditorium (AA), 1st Floor

Vagelos College of Physicians & Surgeons
Amphitheatre 7

3. Access to The Georgian and Other Classrooms

Although access to The Georgian is provided 24/7, an electronic security lock is turned on at 5:00 PM and remains in effect until 8:00 AM. Students requiring access to the floor before 8:00 AM and after 5:00 PM must use their ID cards that have been programmed for access to the floor.

Programmed ID cards will also allow students to gain access to the Gross Anatomy Lab, 5th Floor, Vagelos Education Center, Hammer Health Sciences and Russ Berrie buildings.

4. Anatomy Lockers

Lockers in the locker rooms on the 6th floor of VEC are assigned by the course instructor. These lockers are to be used to store personal belongings while in lab and scrubs while not in lab.

5. Lost Items

Personal items left in the classrooms on NI8 or in other classrooms assigned to the program during the academic year may be given to the program's senior secretary/receptionist who sits at the reception desk. These items are kept until Friday of each week, at which time all unclaimed articles are discarded.

6. Cell Phones

Students must turn their cell phones off while participating in all classroom and laboratory activities. Receiving and texting messages while in class is disrespectful to the course instructor.

7. Computer Use

Students are encouraged to bring their laptops, iPads or other electronic devices to class. All classrooms have wireless Internet connections. The faculty posts handouts and other pertinent course material on Canvas, the electronic classroom management system supported by Columbia. The use of these electronic devices is a privilege and is restricted to note taking or following lectures with the supplemental material placed on Canvas. Any other use of such devices (e.g. reviewing or responding to personal emails or surfing the Internet) will call for immediate loss of this privilege and may be considered academic misconduct.

8. E-mail Policy and Communication

An official Columbia University e-mail will be provided to all students. Your CUIMC email is the only email that should be used when communicating with faculty, clinical sites or when completing any CUIMC program-related requirements. It is expected that every student will receive e-mail at his or her Columbia address and will read the e-mail on a frequent and consistent basis. A student's failure to receive and read university and program communications in a timely manner does not absolve the student from knowing and complying with the content of such communications.

Students are **not able** to redirect (auto-forward) e-mail sent to their university e-mail address to another address.

E-mail, through your Columbia University UNI is the primary mode of communication by the faculty. Students are either contacted individually or as a class (group e-mail) through Canvas as it pertains to individual course announcements, assignments, etc.

9. Social Media

CUDPT policies on professionalism, protection of confidential or proprietary information and use of computers or other University resources, and the prohibition on discrimination and harassment, apply to social media, just as they apply to all other forms of communication.

Do not post any patient information, photographs of patients (and/or cadavers), or commentary about patients on social media sites – even if you think the information is “de-identified” or visible only to a restricted audience.

All electronic interaction with patients must comply with current CUIMC or other applicable privacy and data security policies, including the requirement for the patient's written authorization. Learn more about [social media guidelines](#). See social networking [security do's and don'ts](#).

Class Facebook pages and any other student program-related websites must be approved by the Program's website manager, [Vanessa Corwin](#), prior to launch and must be accessible to Program faculty and staff.

10. Counseling and Advising

The faculty is interested in each student's well-being and an "open-door" communication policy is maintained. Each student has been assigned a full-time faculty member as an advisor. Students are encouraged to meet with their advisor, Program Director, or any faculty member at any time. Students should seek guidance when experiencing academic difficulty and/or have extenuating circumstances that may influence their performance in the program. Faculty can be reached via their email addresses to set up an appointment.

Students are advised to resolve any course related issues with the primary course instructor. Students may also seek guidance from their faculty advisor or Program Director if the situation is not remedied to their satisfaction.

11. Laboratory and Clinical Responsibilities

Laboratory Responsibilities

Laboratory attire is required in many courses. Students are responsible for reviewing each course syllabus for the required laboratory dress. Students will be expected to perform palpation, manual techniques, and other handling skills on male and female students and male and female patients. During laboratory sessions students will be expected to expose certain body parts. Proper decorum and draping is followed. If a student believes there may be a problem that could limit participating as a subject or therapist during the laboratory session, the Course Director should be contacted.

Students work with the instructor in either setting up the lab with the appropriate equipment/supplies (first lab section) or putting all equipment/supplies away, making sure the lab is put back into its standard configuration, and wiping down the mat tables with disinfectant (second lab section). Students work with the course director for instructions.

Clinical Responsibilities

On assigned clinical visits as part of required courses, students are expected to dress professionally. Students will receive their white coats at the program's *White Coat Ceremony* scheduled in Spring II. Male students are required to wear a shirt and tie; female students, pants and a blouse or sweater. **Jeans, sneakers or clogs are not professional attire.**

During Clinical Education I, II and the Clinical Internship, students adhere to the dress code of the facility to which they have been assigned. Please refer to the [Clinical Education Handbook](#) for more details. Students are also required to abide by the DPT Program's email communication policy (refer to #8)

Any student who incurs an injury or has a medical condition while matriculated in the program must contact the Program Director, their advisor and the Course Director, and provide a physician's report documenting the injury/diagnosis and specifying any and all medical limitations on his/her physical activities. (Refer to Part VIII Appendix, B: Physical Capacities Form, page 97). This documentation must be presented to the student's faculty advisor, course director and Director of Clinical Education who will determine how the student will proceed in their courses and/or clinical education experience.

12. Printed and Electronic Material

Faculty members provide students with course material (syllabi, lecture outlines, handouts, readings, etc.) in Canvas for students to download. Duplication of course readings and other material not accessible through Canvas are placed on reserve in the library. This material is a direct extension of your texts. Course material is copyrighted and can only be reproduced for personal use. When course material is used for publications, presentations, etc., the work should be cited.

Course material that is placed in Canvas is found under the appropriate course number and title. Students are held responsible for all material posted in Canvas and put on reserve. In relation to this policy, it is important to check Canvas on a regular basis, especially for material that has been posted at the beginning of any given semester. Group e-mails are sent when new material has been posted.

13. Course Calendars

On Canvas under each course per semester, the faculty has posted the associated course calendar related to dates of quizzes, exams, competencies, projects, etc. These individual calendars can be uploaded by each student into a master calendar for a comprehensive overview of semester requirements.

14. Printing Services

Faculty places a lot of course information on Canvas, the University supported website for course management. Recommend texts and journal articles are placed on reserve in the Library.

Students are given unlimited free black and white pages, double sided counts as 1 page, during each semester; fall, spring and summer. They are also given 250 free color pages per semester. Once this quota is reached, students may add funds to their account. Therefore, responsible use of this free color printing option is encouraged. When a student logs in to print, a balance of pages left will be given. Any incorrect charges related to printing or difficulty in printing should be handled through the Help Desk, LL1-104, Hammer Health Sciences Library. Printer locations are identified in Hammer Health Sciences Library.

15. Photography and Video Release

The Program in Physical Therapy and its representatives on occasion take photographs or video for the program's use in publications, websites or other online outlets, or for educational purposes. This serves as public notice of the program's intent to do so and as a release to the program of permission to use such images as it deems fit. Any student who objects to the use of his/her image has the right to request that the program withhold its release by signing an ***Opt-Out Photography/Video Form***. This form can be obtained from [Vanessa Corwin](#).

16. Examinations:

Exam Performance Policy

Throughout the physical therapy program students will undergo numerous written and practical exams. Upon the completion of these exams, primary instructors review student performance as well as item analysis. Each instructor will determine, based on this review, which questions may or may not be included in a student's overall score. There is NOT a uniform guideline that will apply in every class.

To allow every student equal opportunity to succeed in an examination, the following procedure is followed for all written and practical examinations:

- Students must appear on time for an examination. The instructor may allow or deny a student the right to begin the examination later than the designated time. A *Professional Development Report* will be completed and placed in the student's file if the student arrives late.
- All personal belongings must be placed away from the seating area.
- Students should not share or seek information that is related to the examination from another student, or from any other unauthorized sources for both written and practical exams. Such conduct is considered an academic offense.

When a written or practical examination has been scheduled in the course syllabus, each student is expected to be present in class to take the examination. If a student is unable to be present because of illness or family emergency, the student must:

- Notify the course instructor of the impending absence.
- Within 24 hours of the student's return to class, contact the instructor to arrange a date and time to take the missed examination.

Failure to comply with these requirements will result in a grade of zero for the examination.

It is recommended that a student who the University Office of Disability Services has determined to be eligible for a specified accommodation during examinations notify each instructor at least 2 days prior to the examination for which the student wishes to have the accommodation. See Disability Services below on how to apply for an accommodation.

17. On-Line Quizzes and/or Assignments

In some courses, on-line assignments and/ or quizzes may be required. It is expected that students will abide by intellectual honesty, which is a cornerstone of all academic work. Academic dishonesty includes the submission of similar or identical answers on a written quiz or assignment by 2 or more students who have discussed and/or copied answers from each other. The Physical Therapy program views any form of academic dishonesty as a serious matter, which can lead to withdrawal from the program. See Part VI Academic and Clinical Integrity, Academic Dishonesty, page 80. Students are prohibited from printing and/or copying test questions. Test questions may not be shared between or among classmates.

18. Disability Services

The Office of Disability Services (ODS) facilitates equal access for students with disabilities by coordinating accommodations and support services. DS works with students with all types of disabilities, including physical, learning, sensory, psychological, AD/HD and chronic medical conditions. ODS also provides assistance to students with temporary injuries and illnesses.

Accommodations are adjustments to policy, practice, and programs that level the playing field for students with disabilities and provide equal access to Columbia's programs and activities. Examples of accommodations include the administration of exams, services such as note-taking, sign language interpreters, assistive technology and coordination of accessible housing needs. Accommodations are specific to the disability-related needs of each student and are determined according to documented needs and the student's program requirements. Until the registration process is completed and approved by DS, students cannot receive reasonable accommodations.

[Learn more about ODS, and access the registration form and disability documentation.](#) The Registration Form and disability documentation guidelines are available online and at the DS office (Bard Hall, Room 105). Students are encouraged to register within the first two weeks of the semester to ensure that reasonable accommodations can be made for that semester.

Dr. Wing Fu serves as the program liaison with DS and assists DS in coordinating the provisions of reasonable accommodations in the DPT program. Dr. Fu can be reached at wf2214@CUIMC.columbia.edu or 212-305-9385.

19. Center for Student Wellness

The Center, located in Bard Hall, Ste. 107 and Room 10, provides opportunities that facilitate the personal and professional development of students. The Center assists students in strategizing, prioritizing, troubleshooting, problem solving and developing an action plan targeted toward their individual concerns and stresses. Staff members are trained in exercise science, human nutrition, health psychology, addiction and substance abuse, and complementary care. The CSW can assist students with a wide array of issues including:

- Alcohol and drug questions
- Anxiety and panic attacks
- Depression
- Eating concerns
- Family issues and illness
- Fear of public speaking
- Interpersonal issues
- Nutrition questions
- Sexuality
- Sexual misconduct/abuse
- Sleep disturbance
- Study skill questions
- Test anxiety
- Time management skills

Additional, easily accessible, on-campus services include:

- Student Mental Health
- AIMS: Addiction Information and Management Strategies
- Sexual Violence Prevention and Response Program

Get [more information](#) on all services provided.

20. Learning in the Affective Domain

In addition to program and course objectives in the cognitive (knowledge) and psycho-motor (skill) domains of learning, the faculty hopes to instill in the student the attitudes and values associated with “professionalism”. These objectives written in the affective domain are incorporated into each course syllabus. Please refer to Part V. Professionalism and Functional Abilities in the **Handbook** beginning on page 68, for further delineation of affective domain learning. Students must demonstrate satisfactory professional behaviors to receive a passing grade in each course.

21. Registration, Drop and Add

Students will be notified by both the Registrar and Program Director via email of assigned days for preregistration. Course names, course numbers, and registration call numbers will be provided by the Program Director in advance of the scheduled preregistration days. Students are responsible for checking their registration times via the Student Services portal on-line. Students must be in good standing in terms of no outstanding tuition balance or fees, and have completed all student health requirements in order to preregister. If the preregistration deadline has passed, and students have failed to register for the following semester courses, a second call for registration will occur at the start of

the new semester. Students who have clear accounts will be able to register. If this registration period is missed, for whatever reason, a late registration fee of \$50.00 will be imposed.

As this is a professional curriculum, all courses are required courses and cannot be dropped. A minimum of 10 students is required for an elective to be offered as these courses are taught by clinical specialists (master clinicians) who are reimbursed for their teaching time. Students will be asked to select their electives in coordination with the Program Director prior to the pre-registration period. A previous year's syllabus will be available electronically for students to review prior to making their decision. Hence it is expected that students will think through their elective options carefully because they are held to their selections.

22. *Withdrawal from the Program*

If a student should decide to withdraw from the program, a statement is added to the student's transcript indicating such withdrawal. Depending on the date of withdrawal, a student may be entitled to some pro-rated refund of tuition. In most cases, ancillary fees will remain on the student's account, in addition to a \$75 withdraw fee. The policy as per the Registrar is as follows:

Refunds are a percentage of charges (including tuition, dining and housing) assessed to the student based on the date of the student's last day of attendance (separation) as reported by the Program Director. A refund calculation will be based on the last day of attendance. However, a student may be charged for services (e.g. housing, dining) utilized after the last day of attendance.

Fees not subject to refund include: health services, medical insurance/Blue Cross, course related fees, materials fee, international student service charge, late registration. Refunds are determined as follows:

First Week of Class	100%	Sixth & Seventh Week	60%
Second Week	90%	Eight Week	50%
Third Week	80%	Ninth Week	40%
Fourth Week	80%	After Ninth Week	0%
Fifth Week	70%		

Students will not be entitled to any portion of a refund until all Title IV program fees are credited and all outstanding charges have been paid. A separate financial aid refund calculation will be made after tuition and fees have been adjusted.

23. *Leave of Absence*

Students wishing to take a leave of absence (voluntary or military) should refer to the University's official regulations in the [*University Handbook, Essential Policies for the Columbia Community*](#). A request for a leave of absence should be directed to the Program Director.

A student who must interrupt study temporarily because of medical or other reasons, must complete the student [Request for Leave of Absence Application Form](#) and submit it to the Program Director. In order to make a request for a leave of absence, the student must be in good academic standing, as defined in the Student Handbook. *If the request for a leave of absence is made during the first semester, the student must have earned an average passing grade on the assessments taken thus far in each course.* The application will be reviewed by the Program Director and a decision will be rendered. The student will then be notified.

1. **Medical Leave of Absence:** The medical or mental health professional who has been providing treatment to the student will, with the student's written consent, confirm in writing that a Medical Leave is warranted due to the student's health problem. Supporting medical documentation will be dated within 14 days of the request for a Medical Leave. The

Program Director may request a consultative review of the medical or mental health documentation by a Columbia health professional on the Columbia University Medical Center campus. This consultation may include conversation between the treating health care provider and the designated University health professional.

Students may request to have their Columbia University health insurance continued while on Leave (additional fees may apply).

2. Other Leave of Absence: In the event of a personal emergency or military service, at the discretion of the Program Director, supporting documentation may be requested from the student to substantiate such a request.

The Program Director may stipulate conditions for the granting of a leave, for students while on leave and for return, including an administrative medical or psychiatric evaluation and/or a review by the appropriate faculty committee. Such review does not guarantee readmission. Students approved for return after leave in the first semester will re-start the curriculum.

In most cases, leaves are granted for a maximum of one year. Extensions for extended military services or continued re-cooperation from illness may be granted on a case-by-case basis. After one year, a student on a leave of absence may have their matriculation terminated; the student would be permitted to apply for readmission at a later time.

Students are not permitted to live in campus housing while on a leave of absence.

Students receiving financial aid must complete an exit interview with Student Financial Planning before the leave begins.

24. Course and Program Evaluation

Formal course evaluations through Canvas are completed at the end of each semester. Completion of the prescribed course evaluation, in a timely manner, will allow students to view their final grades.

Course and program evaluation is an important mechanism used by the program faculty to evaluate curriculum goals and objectives as well as to meet Commission on Accreditation in Physical Therapy Education standards for continuation of accreditation status. Students participate in this process through a number of mechanisms; formal course/instructor evaluation, mini-evaluations completed while the course is in progress, Student-Faculty Committee focus groups, evaluation of the clinical education experience, end of Year I, II and III surveys, exit interviews and alumni surveys. It is hoped students will take the responsibility to participate in the program's evaluation processes seriously and provide constructive feedback to assist the faculty in its efforts to keep the program progressive and timely.

25. Student Support and Travel to Professional Meetings

The program encourages the attendance of students at APTA professional conferences and the National Student Conclave for the purposes of education and professional development. Some program funding is available to help defray the costs of these meetings.

Students involved in either a poster or platform presentation at a professional meeting will have their registration, travel and 2 nights lodging (the day before and day of the presentation) paid by the program.

Students who hold office in the Student Assembly of the APTA, serve as a student liaison to the APTA and/or to the New York State Chapter, or have been selected to serve as an usher at either a national or state meeting will be supported by the program to attend these meetings.

Students who have received either a New York State or American Physical Therapy Association award will be supported to attend the appropriate venue to receive their award.

Students first must obtain approval to travel at least three weeks before travel arrangements are finalized. Please fill out and download the [Professional Travel Request Form](#) and obtain signatures of your faculty advisor and the Program Director.

The Program's business manager or administrative aide will meet with approved students prior to their travel for instructions on student travel reimbursement.

26. Work Study

Faculty members hire students to assist them in administrative activities and the program hires an AV student to assist in setting up the required AV needs of a faculty member's course and if necessary, ending the AV session to include the return of equipment to its proper storage place. This activity usually consists of 10-15 minutes per class time.

The Guidelines for Work Study can be found on page 50.

Columbia University
Program in Physical Therapy

Guidelines for Student Travel Reimbursement

Student support for travel as defined below is a privilege. All travel must be approved by the program director in writing at least three weeks before any travel, hotel booking, and registration are finalized.

A. Eligible students

Current students matriculated into the program, attending one or more of the following:

1. National Student Conclave as program APTA student representative
2. Presentation of research at a state or national meeting
3. Awards bestowed by the State Chapter or National Association
4. Selected to be an usher at the House of Delegates and/or for CSM or National Meeting

The Program's administrative and business manager will schedule a meeting with all approved students prior to travel for instructions on reimbursement limits and submission of expenses.

All forms need to be submitted **within 10 days** post-travel either via mail (617 W. 168th St. 3rd floor, New York, NY 10032), fax (212-305-4569) or email to [Gina Frassetto](#). Indicate whether you are a current student or recent graduate of the program.

Photographs of documents are not acceptable. If the receipts do not include your name for verification, then a copy of the credit card statement showing your name and payment(s) needs to be submitted. Your card number and all unrelated charges should be blacked out.

**Columbia University
Program in Physical Therapy**

Guidelines for Work-Study

A. Reimbursable Hours

Students will be reimbursed for hours worked and documented by faculty if student is:

1. Working personally for a faculty member
2. Providing AV assistance which will consist of 10-15 minutes per class in setting up the required AV needs of a faculty member and, if necessary, ending the AV session to include return of equipment to its proper storage place

B. Mechanism for Reimbursement

1. Students need to pick up a bi-weekly time sheet from Mrs. Gina Frassetto, Administrative and Business Manager, complete the number of hours worked, have the time sheet signed on a regular basis by appropriate faculty member(s) and return the signed sheet to Mrs. Gina Frassetto on the **Friday of the last day of the pay period**.
2. Students should make a second copy to be used for entering their hours. Time needs to be recorded on a regular bi-weekly basis. **NO BACK DATING IS PERMITTED.**
3. Once the process in 1 and 2 is completed, students can then enter their time online via the Work-Study link.
4. The time sheet and online submission must match for approval for payment by Mrs. Frassetto.

27. Paid Teaching Assistants

Second year students, in good academic standing, are hired to serve as teaching assistants (TA) in the Year I Gross Anatomy course. TAs are expected to be present in the laboratory for one 2-hour time period per week in the evenings or on the weekends. TAs are responsible for administering 3 “Mock Practical” examinations during the semester. The TAs should be knowledgeable of and prepared to review the topics covered to date in the course. If a TA is unable to answer a question or identify the structure, the TA should help the student identify a resource through which the answer can be determined or structure can be identified. As this TA position is extremely popular, a maximum of four TAs are selected through a lottery for students who meet the criteria as outlined by Dr. Stacy Kinirons, course instructor.

Remuneration occurs at the end of the fall semester and is credited toward the student’s spring tuition bill.

28. Religious Holidays

It is the policy of the University to respect its members’ religious beliefs. In compliance with New York State law, a student who is absent from the program because of his or her religious beliefs will be given equal opportunity to make up any examination or other course requirement that the student may have missed because of such absence on any particular day or days. No student will be penalized for absence due to religious beliefs, and alternative means will be sought for satisfying academic requirements involved.

The faculty when scheduling exams tries to avoid conflicts with religious holidays as much as possible. While the Program in Physical Therapy will do its best to accommodate religious beliefs and observances by its students, requested

adjustments must be reasonable, made well in advance of the requested day(s) and allow for the fulfillment of academic requirements.

29. Weather Regulations

Extremely inclement weather may require the closing of the University. Such notice is posted on the [Columbia web site](#). Students may receive notification through text, email and/or Facebook postings initiated by the Program or class officers. Information for current courses may also be posted on Canvas in each course.

30. Awarding of the Degree and Graduation Ceremonies

Degrees are awarded 4 times a year in October, February, May and June. The program's Convocation and Awards Ceremony and the University's main graduation occur Tuesday and Wednesday respectively during the third week in May. Any interruption that causes a break in completing the clinical education portion of the curriculum on time may necessitate a delayed graduation. Students who remain in good academic standing are still eligible to participate in graduation ceremonies. Receipt of the diploma with corresponding date of graduation will be deferred until June or October upon successful completion of clinical education.

31. Transcripts

The amended Family and Educational Rights and Privacy Act (FERPA) of 1974 prohibits release of educational records without the written consent of the student. Official transcripts may be requested through Student Services On-Line. Two options are available:

- Printed on paper via mail delivery, which takes about 3 days from processing to delivery.
- A secure pdf format via email for immediately delivery. However, with the pdf format, it is best to check with the third party recipient to determine if this method of delivery is acceptable.

The procedure for ordering transcripts can be found on the [Registrar's website](#). For more detailed information on the secure pdf format see *Appendix H*, page 118.

32. Public Safety

Escort Service

Escort Service is available to students within the campus area (W. 165th to W. 179th Streets, Broadway to Haven Ave) by calling the Office of Public Safety 15 minutes prior to your need for an escort. Phone 212-305-8100. An escort (either by foot patrol or vehicle) is available 24 hours a day.

Computer Security

PC Phone Home: Laptop and PC recovery software available for free online through Columbia University Information Technology (CUIT)

Operation ID: property engraving is free; great for laptops, computers, etc. Once engraved, it is registered with the NYPD and Columbia University Department of Public Safety.

Bike Registration

Bike registration: free, registered with the NYPD and Columbia University Department of Public Safety.

[Learn more about public safety at CUIMC.](#)

33. Fire and Safety Evacuation

There is no PA system in the Georgian. You must evacuate when a fire alarm goes off. Primary evacuation should be via the closest stairway. Stairway B leads down to the lobby and out onto 168th Street. Stairway C leads down to the second floor and out onto 169th Street. Exit door is alarmed.

34. Sexual Assault

Columbia University does not tolerate sexual assault of any degree or kind. The University community is committed to fostering a healthy and safe environment in which every member of the community can realize her or his fullest potential. To counteract this problem, the University provides educational and preventative programs, resources to individuals dealing with sexual assault, and accessible methods of complaint resolution.

The University encourages students who believe that they have been subjected to non-consensual physical contact of a sexual nature to report these incidents, whether or not they choose to file an official complaint. Students who wish to file a complaint against another student may do so by visiting the [Sexual Respect website](#) or by calling 212-854-1717. The website is also an information clearinghouse for students who wish to learn more about the important issues, policies and resources.

35. Student Policies and Procedures on Discrimination, Harassment, Gender-Based and Sexual Misconduct and Consensual Romantic and Sexual Relationships

Columbia University is committed to providing a learning, living, and working environment free from discrimination, harassment and gender-based and sexual misconduct. Consistent with this commitment and with applicable laws, the University does not tolerate discrimination, harassment or gender-based or sexual misconduct in any form and it provides students who believe that they have been subjected to conduct or behavior of this kind with mechanisms for seeking redress. All members of the University community are expected to adhere to the applicable policies, to cooperate with the procedures for responding to complaints of discrimination, harassment and gender-based and sexual misconduct, and to report conduct or behavior they believe to be in violation of these policies to the Office of Equal Opportunity and Affirmative Action or Student Services for Gender-Based and Sexual Misconduct.

Complaints by students against students for gender-based misconduct are processed in accord with the [Gender-Based Misconduct Policies for Students](#). The use of the term “gender-based misconduct” includes sexual assault, sexual harassment, gender-based harassment, stalking, and intimate partner violence.

Complaints by students against employees and third parties engaged in University business for discrimination and harassment are processed in accord with the [Employment Policies and Procedures on Discrimination and Harassment](#). The use of the term “discrimination and harassment” includes discrimination, discriminatory harassment, gender-based harassment, sexual harassment, and sexual assault.

Under the University’s [Consensual Romantic and Sexual Relationship Policy Between Faculty and Students](#)**, no faculty member shall have a consensual romantic or sexual relationship with a student over whom he or she exercises academic or professional authority.

Columbia offers a number of confidential resources to students who believe they were subjected to discrimination, harassment or gender-based or sexual misconduct:

Gender-Based Misconduct (CUIMC): (212) 854-1717

Counseling/Mental Health Services (CUIMC): (212) 305-3400

Rape Crisis/Anti-Violence Support Center: (212) 854-HELP

Gender-Based Misconduct Policy: Columbia University is committed to fostering an environment that is free from gender-based discrimination and harassment, including sexual assault and all other forms of gender-based misconduct. Fundamentally, the University does not tolerate any form of gender-based misconduct. Where appropriate, the Gender-Based Misconduct Office will assist students with obtaining accommodations to provide support and relief. For more information, please see [Columbia University's Gender-Based Misconduct Policy and Procedures for Students](#).

Sexual Respect Policy: Student Participation

Therapeutic touch is a required component of many physical therapy procedures. Several of the courses in the DPT curriculum require hands-on, practical laboratory and physical examination experiences. In clinical labs (and scenarios), students serve as patient models for many different activities/techniques. Physical therapy students will be asked to provide professional physical touch to fellow students, such as palpation of physical landmarks, manual examination procedures, and interventions. Physical therapy students will also learn and practice appropriate methods for protecting patient privacy and dignity such as draping. This experience helps not only classmates, but each student as well. The experience of receiving care similar to your future patients and clients is valuable.

Every student is expected to participate in clinical labs (and scenarios) as a patient and physical therapist. This allows each student the opportunity to practice on live “patient models” affording all students the opportunity to develop their required clinical skills with a variety of body types necessary to enter clinical experiences. All students are expected to demonstrate competent performance of the physical therapy skills outlined in the course syllabus. Any student having a concern regarding exposure of body parts or physical touch due to personal, cultural, or religious reasons should make their concerns known to the course instructor. Please inform the course instructor at the start of the semester or prior to engaging in a specific activity.

The student has the right to refuse to participate without repercussions by the faculty. If a student would like to refuse to participate, these are the procedures that the student is expected to follow:

- If a student identifies an issue advance of the course:
 - Schedule an appointment with the course coordinator to discuss options for laboratory participation.
 - You may invite your faculty advisor or another faculty member to his meeting.
 - The student and faculty will develop a documented plan for the student to acquire the required skills.
- If a student discovers a personal issue during the lab (in the moment) that would preclude their participation:
 - The student should immediately make their concerns known privately to the course or laboratory instructor.
 - The student then has two choices. The student will be asked, “*Would you like to stay in the lab as an observer or would you like to leave the laboratory now?*”
 - A student who opts to leave the laboratory immediately meets with an available faculty member of their choosing who is presently available. This faculty member will assist the student as needed. When the student is ready, they will meet with the course coordinator during a mutually agreeable time to develop a documented plan for the student to acquire the required skills. The student may invite their advisor or another faculty member to this meeting.
 - A student who opts to stay in the laboratory as an observer schedules an appointment to meet with the course coordinator during a mutually agreeable time to develop a documented plan for the student to acquire the required skills. The student may invite their advisor to this meeting.

The faculty respect the student’s right to refuse to participate as outlined in the above listed procedures. To perform competently in the clinic, all students are required to demonstrate the physical skills required in each course regardless of participation in a laboratory session.

36. Privacy Policy

Columbia University and the program adheres to strict standards of confidentiality regarding information related to health care services, disability services, and other privileged information to which various services have access.

Strict standards of confidentiality are maintained by Student Health Services. Each clinical service maintains secure and private treatment records, which are not part of students' educational records and are not available to program faculty. To further protect the privacy of students, a written consent form needs to be completed to release any health care information.

The Family Educational Rights Privacy Act (FERPA) regulates disclosure of disability documentation and records maintained by the Office of Disability Services. Under the act, prior written consent by the student is required before any disability documentation or records are released. Program faculty may request information about the impact of a student's disability to assist with the student's success in the program. Disability Services will only share information when deemed appropriate and carefully balances a student's request for confidentiality with the program's request for information.

Student records kept by the program are not shared with outside parties, including past or future clinical sites nor does the program share personal or Columbia email addresses with employment recruiters and other vendors.

See also Pre-Clinical Drug Testing Policy, page 85 and Appendix E, page 109 as well as the ***Clinical Education Handbook***, page 17. The ***Clinical Education Handbook***, page 18 also describes the mechanism and confidentiality for a criminal background check and/or fingerprinting if required by a clinical affiliation site, which is the sole responsibility of the student.

*PART IV: ACADEMIC STANDARDS AND
SATISFACTORY ACADEMIC PROGRESS*

The faculty endeavors to provide a supportive collegial learning environment to foster each student's competence in the classroom and in the clinic. The curriculum of the Doctor of Physical Therapy is sequential. **Students are required to maintain a minimum semester and cumulative GPA of 3.000 to remain in good academic standing. Additionally, students must complete and pass each clinical education course in sequence.**

See Classification System, starting on page 60.

The Program in Physical Therapy reserves the right to dismiss or to deny registration, readmission, or graduation to any student who in the judgment of the program is determined to be unsuited to the study or practice of physical therapy. Hence, failure to progress (i.e. numerous marginal grades or ethically/moral unacceptable conduct) for a student seeking to enter the physical therapy profession can be sufficient grounds for withdrawal.

A. GRADES AND POINTS

A minimum of 113 credits, which include all required academic coursework, 3 elective courses taken for credit are required to meet graduation requirements. Additional elective courses for credit including the research and service learning practicums can be taken for the maximum number of allowable credits at 125. Successful completion of all clinical education experiences is necessary for receipt of the DPT degree. **As this is a prescribed curriculum, all courses with their corresponding credits are taken in the semester offered.**

A grade of "C+" or above or a grade of "pass" (P) accounts for credit for successful completion of a course toward the DPT degree and is accepted as the basis for advancement to subsequent courses. Pass grades are not used in computation of the grade point average. Any final grade greater than or equal to .50 will be rounded up.

In the computation of grade point averages for the DPT program, quality points are awarded on the following scale:

Letter Grade	Percentage	Points
A+	98 – 100	4.33
A	94 – 97	4.00
A-	90 – 93	3.67
B+	87 – 89	3.33
B	83 – 86	3.00
B-	80 – 82	2.67
C+	75 – 79	2.33
F	0 – 74	0.00

Quality level of achievement: A+ is reserved for highly exceptional achievement. A indicates excellent, outstanding achievement. A- is very good achievement, B+ is solid achievement, B is good, B- is acceptable but below what is expected at the graduate level; C+ is marginal achievement; F signifies failure to meet graduate standards.

Pass (P): A "pass" is assigned for successful completion of the course requirements, as documented in the course syllabus, for courses that use a pass/fail grade scale. A grade of "P" is not included in the computation of the GPA. Students are expected to complete all course assignments, examinations and clinical education experiences on time. There is no automatic grade of "incomplete" (INC). A student will receive an "F" grade in any course in which the student fails to pass the course standards as described by the instructor and stated in the course syllabus. **As the curriculum is sequential, a failure in any course including clinical education may lead to withdrawal from the program.**

B. INCOMPLETE (INC)

A student may be given an “INC” in a course if any one of the following circumstances apply:

1. In an academic course, failure to meet the course requirements due to extenuating circumstances that is satisfactory to the course instructor. The course instructor may grant an extension, for a specified period of time, for the course requirements to be completed. Students must complete the course requirements prior to the start of the next semester. The grade of “INC” is converted to a letter grade or the grade of “P” once all course requirements are completed to the satisfaction of the course instructor within the specified period of time.

2. In a clinical education course demonstration of difficulty with performance requirements, necessitating additional clinical education time to successfully meet the performance requirements. The decision to grant additional clinical education time is made by the Directors of Clinical Education in conjunction with written and verbal feedback from the clinic and the student. Additional clinical education time may be in the form of remediation, lasting no longer than 4 weeks, or a repeat of the entire clinical experience. Students are permitted only one repeat of an entire clinical education course. The grade of “INC” is converted to a grade of “P” once all clinical education course requirements have been met.

3. In a clinical education course, when in good clinical standing, but personal circumstances warrant delaying completion of the course. The grade of “INC” is converted to a grade of “P” once all clinical education course requirements have been met.

The grade of “INC” is converted to a grade of “F” if the course requirements have not been completed to the satisfaction of the course instructor in the specified period of time.

C. PRACTICAL GRADING GUIDELINES

Clinical courses that include a practical component will fall under the guidelines that follow.

1. In addition to achieving an average of 75 or higher on graded assignments, students must successfully pass all practical examinations for a given course.
2. The passing grade for a practical examination is 80%.
3. A student who fails a practical examination is required to retake the practical examination and earn an 80% competency to pass; however, the score of 75% is recorded for the retake exam and applied to compute the final averaged grade for the course.
4. A student is given only one retake practical examination opportunity for any one course. Therefore, failure of a retake practical examination or failure of an additional practical exam in the course will result in a failing course grade.
5. Within the three-year DPT curriculum, a maximum of three (3) retake practical examinations will be permitted for a given student. A student that fails 1 or 2 practical examinations may be required to come before the Academic Standing Committee. A student that fails 3 practical examinations is required to come before the Academic Standards Committee and will be issued an academic warning. A student that fails practical examinations may be withdrawn from the program.

D. CLINICAL EDUCATION GUIDELINES

Students must be in good academic standing with a minimum GPA of 3.000 to enter into the clinical education portion of the curriculum, except as noted below.

A student who receives an Incomplete (“INC”) in any course during Summer I, Fall IIA, Spring IIB or Fall III must successfully pass the course **prior** to beginning Clinical Education I, II or the Terminal Clinical Experience..

During each clinical education experience, in cases where sufficient progress is not being made and a student will not achieve the criteria for passing by the conclusion of a clinical education experience, a remediation and/or extension of clinical time may be offered at the discretion of the Directors of Clinical Education (DCE), Center Coordinator of Clinical Education (CCCE) and the Clinical Instructor (CI). The student will begin a remediation/extension with a learning contract outlining the student’s individualized goals. If the student is unable to meet the criteria for passing the clinical experience within the prescribed time frame, or if an additional 1-2 weeks would not be sufficient or logistically possible, a full-length remedial clinical experience may be assigned. The student will be given a grade of Incomplete (“INC”) for the course and will need to repeat the clinical experience.

The DCE will share the recommendation for a clinical extension and/or remediation with members of the program’s Academic Standing Committee. A student may be granted permission to continue with academic coursework and remediate the experience at the next scheduled clinical education time period. Upon successful completion of the repeated clinical experience, the grade of incomplete (“INC”) will be converted to a Pass (“P”). A student who does not achieve the passing criteria by the end of the remedial clinical experience will receive a Failure (“F”) for the course. A student will not be given a second opportunity to extend or repeat ANY clinical experience. All clinical education experiences must be successfully completed before the DPT degree is awarded.

2. In addition to the academic standards to enter into clinical education, the student must also be in good physical health. The welfare of the patient and student is the highest priority. If a student sustains an injury, e.g. upper extremity, lower extremity, neck or back, which requires continuous medical attention or surgery prior to the start of any clinical education experience, the attending physician needs to complete, on behalf of the student, a [*Physical Capacities Form*](#). The form enables the Directors of Clinical Education, in conjunction with the affiliation site, to determine a student’s capability of handling the requirements of a full-time clinical experience. The form can also be downloaded from Part VIII, Appendix B, page 97.

Specific rules and regulations that govern the clinical education portion of the curriculum are found in the ***Clinical Education Manual*** distributed prior to the start of the Clinical Education I experience and are discussed with students by the Directors of Clinical in the Clinical Education Seminar courses.

E. ACADEMIC STANDING

1. Academic Standing Committee

The ultimate concern of the faculty is the student’s ability to competently practice physical therapy; therefore, the overriding concern of the Academic Standing Committee is the welfare of the patient/client. The Academic Standing Committee consists of a Chairperson, appointed by the Program Director, and the full-time faculty of the DPT program. The Academic Standing Committee serves as the primary decision-making body of the program and forwards its decision to the Program Director. The Committee meets regularly to review student progress and determine academic standing. As part of its evaluative function, the Committee reviews the progress of each student by a thorough assessment of the student’s record and appraisal of the student’s level of:

- a. Knowledge (Course Grades)
- b. Skills (Laboratory and Clinical Education Performance)
- c. Attitudes (Professional Abilities)

When warranted the Committee will invite a student to discuss their academic or professional performance in the program. Any student placed on academic probation must come before the Committee to discuss their status and mechanisms for rectifying their academic performance and potential implications.

The Committee arrives at its decisions regarding academic standing based upon majority vote of those present, with a quorum of two thirds of the faculty. The Program Director is not a member of the Committee but may attend and participate in the meetings as an ex-officio member. The Committee Chairperson will cast no vote, except in the event of a tie. Students who are found not to be in good academic standing will be notified in writing by the Program Director of the Committee's decision.

2. Academic Classification System

The academic standing of each student is determined throughout the semester as the Academic Standing Committee reviews students' academic performance, clinical performance and professional abilities. See the program's Classification System starting on the following page.

Honors

- A cumulative grade point average (GPA) of 3.850 or above, plus adherence to:
- Code of Ethics, APTA
- Professional Behaviors
- Essential Functions
- Code of Conduct

Good

- A cumulative grade point average (GPA) of 3.000 or above, plus adherence to:
- Code of Ethics, APTA
- Professional Behaviors
- Essential Functions
- Code of Conduct

Warning*

Demonstration of unsatisfactory academic and/or clinical performance during a semester, which puts the student in jeopardy of failing one or more courses (academic or clinical education)

Demonstration of a lack of understanding or disregard for the:

- Code of Ethics, APTA
- Professional Behaviors
- Essential Functions
- Code of Conduct

Probation*

A semester grade point average (GPA) below 3.000 or a cumulative GPA below 3.000

An incomplete (INC) in a clinical education course secondary to difficulty in meeting performance requirements

Demonstration of two or more specific instances of a lack of understanding or disregard for the:

- Code of Ethics, APTA
- Professional Behaviors
- Essential Functions
- Code of Conduct

Suspension

Serious lapses in professional behavior may lead to suspension in accordance with University policy as defined in [Essential Policies for the Columbia Community](#). See also Dean's Discipline, page 64

Withdrawal

A student may be withdrawn from the program at the discretion of the Academic Standing Committee. Possible reasons for withdrawal may include but are not limited to the following:

- Consistently marginal performance in course work
- On probation and failure of one course
- Failure of one course (academic or clinical)

- A cumulative grade point average (GPA) below 3.000 at the conclusion of the first academic year or during the remainder of the program.
- Demonstration of an extreme disregard for the Code of Ethics, APTA,
- Professional Behaviors, and/or Code of Conduct
- Inability to demonstrate the Essential Functions, with or without reasonable accommodations, as delineated by the program.
- Failure to satisfy probationary, leave of absence or suspension criteria as established by the Program Director following advisement of the Academic Standing Committee.
- On probation more than once

**Any student placed on probation will receive a letter from the Program Director outlining suggestions to improve performance in consultation with the student's advisor and the consequences if satisfactory academic progress is not achieved. The Office of Student Financial Planning will be advised of the student's classification status, and the student will also receive a Financial Aid Warning from this Office if placed on academic probation. See H. Satisfactory Academic Progress as it Relates to Financial Aid, page 65.*

The faculty reserves the right to withhold a degree from any student it deems unworthy because of poor performance or unprofessional behavior.

F. APPEALS PROCESS

The DPT program faculty encourages open student-faculty communication in order to affect a mutually satisfactory solution to problems relating to academic matters including violations of academic and clinical integrity or the program's *Code of Conduct*. Any student in the Program in Physical Therapy who disagrees with a decision made by the Academic Standing Committee (ASC) that affects his/her academic standing in the program, and believes that due process was not followed, may request an appeal.

It should be noted that if a student is appealing an academic standing decision of suspension or withdrawal from the DPT program, the student cannot attend classes during the appeals process.

1. Procedure

If a student chooses to appeal a decision, the appeal must be presented as follows:

- The appeal shall set forth a concise statement explaining why the student believes the ASC procedures were not properly followed and should include times, dates, people involved, the grounds for the appeal, and the specific request that is being made.
- The appeal shall be filed in writing to the Director of the Physical Therapy program within seven (7) days following the date that the student is notified of the ASC decision.
- The ASC will reconvene and issue a final decision. A student who disagrees with a final decision of the Academic Standing Committee may appeal to the next level. The subsequent levels of appeal are listed in consecutive order below:
- Director of the Program in Physical Therapy, who will convene a Grievance Committee that will issue a decision (see #2 Academic Grievance Committee).
- The Vice Dean for Education for the Vagelos College of Physicians and Surgeons will convene an Ad Hoc Grievance Committee and issue a decision (see #3 Additional Levels of Review).

f. A Committee of the Faculty Council, Vagelos College of Physicians and Surgeons, will review and issue a recommendation. The Dean of the Vagelos College of Physicians and Surgeons will issue a final decision. (see #3 Additional Levels of Review).

2. Academic Grievance Committee

The appeal request must be made in writing within seven days following notification of the final decision of the Academic Standing Committee and directed to the Director of the Program in Physical Therapy. The Grievance Committee is appointed by the Director of the Program in Physical Therapy and includes four voting members and one nonvoting ex-officio member as follows:

- a. Three faculty members from a health science program other than the full-time physical therapy faculty. One of the three faculty will serve as Chair of the Grievance Committee.
- b. One student member from any health science program other than physical therapy.
- c. One physical therapy faculty member who participates in an ex-officio capacity and without a vote.

The Academic Grievance Committee meeting is fact-finding, not an adversarial courtroom-type proceeding; the student may not necessarily be present to hear other witnesses and there is no formal cross-examination of witnesses or objecting to evidence. In addition, although students are always free to consult with an attorney, they may not have an attorney present during a disciplinary hearing or at any appeal. The Academic Grievance Committee reports its determination to the Director of Physical Therapy, who then notifies the student.

3. Additional Levels of Review

The student may, if desired, request an additional level of review. Such a request must be made in writing within seven (7) days following notification of the Grievance Committee's determination, and directed to the Vice Dean for Education of the Vagelos College of Physicians and Surgeons. Normally, the Vice Dean's review relies solely on the written record and does not include a new factual investigation. The Vice Dean for Education, Vagelos College of Physicians and Surgeons will notify the student of the results of the review when completed.

A final level of appeal can be made to the Committee of the Faculty Council, College of Physicians & Surgeons who will review the decision of the Ad Hoc Grievance Committee and make a recommendation to the Dean of the Vagelos College of Physicians and Surgeons. There is no further appeal within the University. The Dean will issue a decision and notify the student.

**Any student placed on probation will receive a letter from the Program Director outlining suggestions to improve performance in consultation with the student's advisor and the consequences if satisfactory academic progress is not achieved. The Office of Student Financial Planning will be advised of the student's classification status, and the student will also receive a Financial Aid Warning from this Office if placed on academic probation. See H. Satisfactory Academic Progress as it Relates to Financial Aid, page 65.*

The faculty reserves the right to withhold a degree from any student it deems unworthy because of poor performance or unprofessional behavior.

F. APPEALS PROCESS

The DPT program faculty encourages open student-faculty communication in order to affect a mutually satisfactory solution to problems relating to academic matters including violations of academic and clinical integrity or the program's

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It should be noted that if a student is appealing an academic standing decision of suspension or withdrawal from the DPT program, the student cannot attend classes during the appeals process.

1. Procedure

If a student chooses to appeal a decision, the appeal must be presented as follows:

- a. The appeal shall set forth a concise statement explaining why the student believes the ASC procedures were not properly followed and should include times, dates, people involved, the grounds for the appeal, and the specific request that is being made.
- b. The appeal shall be filed in writing to the Director of the Physical Therapy program within seven (7) days following the date that the student is notified of the ASC decision.
- c. The ASC will reconvene and issue a final decision. A student who disagrees with a final decision of the Academic Standing Committee may appeal to the next level. The subsequent levels of appeal are listed in consecutive order below:
- d. Director of the Program in Physical Therapy, who will convene a Grievance Committee that will issue a decision (see #2 Academic Grievance Committee).
- e. The Vice Dean for Education for the College of Physicians and Surgeons will convene an Ad Hoc Grievance Committee and issue a decision (see #3 Additional Levels of Review).
- f. A Committee of the Faculty Council, College of Physicians and Surgeons, will review and issue a recommendation. The Dean of the College of Physicians and Surgeons will issue a final decision. (see #3 Additional Levels of Review).

2. Academic Grievance Committee

The appeal request must be made in writing within 7 days following notification of the final decision of the Academic Standing Committee and directed to the Director of the Program in Physical Therapy. The Grievance Committee is appointed by the Director of the Program in Physical Therapy and includes four voting members and one nonvoting ex-officio member as follows:

- a. Three faculty members from a health science program other than the full-time physical therapy faculty. One of the three faculty will serve as Chair of the Grievance Committee.
- b. One student member from any health science program other than physical therapy.
- c. One physical therapy faculty member who participates in an ex-officio capacity and without a vote.

The Academic Grievance Committee meeting is fact-finding, not an adversarial courtroom-type proceeding; the student may not necessarily be present to hear other witnesses and there is no formal cross-examination of witnesses or objecting

to evidence. In addition, although students are always free to consult with an attorney, they may not have an attorney present during a disciplinary hearing or at any appeal. The Academic Grievance Committee reports its determination to the Director of Physical Therapy, who then notifies the student.

3. Additional Levels of Review

The student may, if desired, request an additional level of review. Such a request must be made in writing within seven (7) days following notification of the Grievance Committee's determination, and directed to the Vice Dean for Education of the College of Physicians and Surgeons. Normally, the Vice Dean's review relies solely on the written record and does not include a new factual investigation. The Vice Dean for Education, College of Physicians and Surgeons will notify the student of the results of the review when completed.

A final level of appeal can be made to the Committee of the Faculty Council, College of Physicians & Surgeons who will revive the decision of the Ad Hoc Grievance Committee and make a recommendation to the Dean of the College of Physicians and Surgeons. There is no further appeal within the University. The Dean will issue a decision and notify the student.

G. DEAN'S DISCIPLINE

A student charged with a disciplinary infraction¹ subject to "Dean's Discipline" is entitled to notice of the charges, an opportunity to be heard and an opportunity to appeal a disciplinary decision to the Senior Associate Dean for Student Affairs of the College of Physicians and Surgeons. Persons entitled to file a complaint include any officer or staff member of Columbia University, as well as any matriculated student at Columbia University. Notice of charges must be filed by the Director of the Program in Physical Therapy within sixty (60) days of the alleged infraction.

Ordinarily, a disciplinary proceeding begins with a written communication from the Director of the Program in Physical Therapy requiring the student to attend a disciplinary hearing to respond to a specified charge. (In rare cases, the proceeding may begin with an oral communication requiring the presence of the student at a hearing.) The hearing is held before an Ad Hoc Committee comprised of three faculty members not integral to the case; one from physical therapy, two from other programs or schools at the medical center. The hearing is a fact-finding, non-adversarial courtroom-type proceeding; the student may not necessarily be present to hear other witnesses and there is no formal cross-examination of witnesses or objecting to evidence. In addition, although students are always free to consult with an attorney, they may not have an attorney present during a disciplinary hearing or at an appeal.

At the hearing, the student is informed of the evidence that led to the charges against him or her and asked to respond. The student may offer his or her own evidence. This includes the student's own appearance at the hearing and may include the appearance by others (witnesses) on his or her behalf and any written submission or relevant documents the student may wish to submit.

After the Ad Hoc Committee has considered all of the evidence, its members will reach a determination and notify the student in writing of that decision. If the student is found to have committed a disciplinary infraction, the penalty can include censure, probation, suspension and withdrawal.

The student has the right to appeal a decision that results from a disciplinary hearing to the Vice Dean for Education, College of Physicians and Surgeons. The appeal must be made in writing within seven days from the date the student is notified of the decision, and it must clearly state the grounds for the appeal. Such appeal should be sent to the Vice Dean for Education, College of Physicians and Surgeons, who will notify the student and the Program Director of the final decision. Normally, the Vice Dean for Education, College of Physicians and Surgeons relies solely on the written record and does not conduct a new factual investigation.

Once informed of the decision of the Vice Dean for Education, College of Physicians and Surgeons, the student may choose to appeal to the College of Physicians and Surgeons Executive Committee of the Faculty Counsel, School of Medicine. Normally, on such an appeal, the Executive Committee of the Faculty Counsel relies solely upon the written record and does not conduct a new factual investigation. The Chair of the Committee, however, may request any additional evidence that may help determine the merit of the decision. The Executive Committee of the Faculty Counsel focus upon whether the decision made and the discipline imposed are reasonable under all of the circumstances of the case. There is no further appeal within the University. Dean's Discipline refers to all matters **except** sexual assault.

¹ Disciplinary infraction may include but is not limited to violations of standards of ethical and professional conduct. These include but are not limited to what is outlined in both the Essential Functions Form, and the Program's Honor Code. The University-wide Rules of University Conduct govern conduct incident to demonstrations, rallies and picketing and may replace "Dean's Discipline" on cases of serious violations.

H. SATISFACTORY ACADEMIC PROGRESS AS IT RELATES TO FINANCIAL AID

Federal regulations require that the Program in Physical Therapy establish, publish and apply standards of satisfactory progress for financial aid eligibility. These standards are:

Requirements for Maintaining Satisfactory Academic Progress

The standard term of enrollment in the Program is 3 years, which equates to 8 academic semesters of combined academic and clinical course work (Year I Fall, Spring Summer; Year II Fall, Spring, Summer; Year III, Fall, Spring). **As the curriculum is prescribed and sequential, it is expected that students will complete all required courses in the 8 semester calendar.**

For a student to be in good academic standing, the following progression is followed:

1. Complete each semester of courses in Year I (Fall, Spring, Summer) with a minimum cumulative grade point average of 3.000 per semester.
2. After Year I, continue to be in good academic standing with a minimum grade point average of 3.000 per semester in Year II fall and spring.
3. After Year II, continue to be in good academic standing with a minimum grade point average of 3.000 for Fall III.
4. Satisfactorily complete, with a grade of "Pass", Clinical Education I and II during Fall II and Summer II respectively.
5. Satisfactorily complete, with a grade of "Pass", the Clinical Internship during Spring III.

The grade point average of every student will be reviewed by the Program's Academic Standing Committee after the posting of grades at the end of each semester.

Students whose grade point average at the end of the Fall I semester is below the minimum 3.000 but no lower than 2.750 can remain in the program and matriculate into Spring I courses. Students will be placed on academic probation by the program and will also receive a Financial Aid Warning for the Spring I semester from the Office of Student Financial Planning. Students will be eligible to continue to receive financial aid during this spring semester.

Students whose academic standing is not raised to the minimum grade point average of 3.000 by the end of Spring I will be placed on Financial Aid Probation and all aid will be terminated for the Summer I semester. Students can appeal financial aid termination as outlined below under the Appeal Process.

Students will continue on academic probation by the program and will be allowed to matriculate into Summer I courses. Any student whose academic standing is not raised to the program's minimum standard of a 3.000 cumulative grade point average by the end of Summer I will be withdrawn from the program.

Regaining Financial Aid Eligibility

Students who were not eligible for financial aid during Summer I can have their eligibility reinstated for Fall II if they successfully improve their cumulative grade point average to the program minimum standard of 3.000. Students must maintain the minimum 3.000 as per 2, 3, and 4 above under Requirements to progress through the final two years of the program.

During Year II or Year III, students whose cumulative grade point average falls below the program minimum standard of 3.000 **during any semester** or who do not achieve a passing grade in any clinical education experience will be withdrawn from the program.

Only one Financial Aid Warning is allowable to students throughout matriculation in the DPT program.

Appeal Process

Students with extenuating circumstances may appeal the determination that they are not meeting satisfactory academic progress requirements for continuation of their financial aid. The student and academic advisor must submit a Satisfactory Academic Progress Appeal Letter with complete documentation to the Office of Student Financial Planning with a copy to the Program Director. The Appeal Letter should include the following information/explanation:

1. What caused the work in the DPT program to fall below acceptable academic standing? Be specific.
2. How have these issues been resolved?
3. How does the student intend to maintain good academic standing and progress toward the DPT degree if the appeal is granted?

The appeal will be reviewed by the Executive Director of the Office of Student Financial Planning and the Program Director and the student will be notified of the decision. The appeal may be approved semester-by-semester by a Satisfactory Academic Progress (SAP) Contract. Students placed on a Contract are eligible for financial aid strictly according to the terms of the Contract. The Contract is an agreement between the student, the academic advisor in concert with the Academic Standing Committee and Office of Student Financial Planning. Any deviation by the student from the terms of the contract will result in the forfeiture of future financial aid eligibility and possible withdrawal from the program.

Maximum Semester Allowance

Any student in good academic standing who takes a medical leave of absence during a clinical education experience or is withdrawn from a clinical education experience, by one of the Directors of Clinical Education for not meeting established criteria for passing the affiliation, will be permitted to complete this requirement for receipt of the DPT degree in more than the required three-year sequence of eight semesters. A grade of incomplete will be given for the clinical education experience. Any student under the above conditions can continue for the equivalent of ten semesters.

I. EXTENDED CLINICAL EDUCATION FEE

Candidates for the DPT degree who are permitted to complete requirements in more than the required three-year sequence (8 semesters) shall be charged an extended three-year rate of \$500.00. The student must register for PHYT M9201, Continuing Clinical Experience. This applies to any student who takes a medical leave of absence during a clinical education experience or is withdrawn from a clinical education experience by one of the Directors of Clinical Education for not meeting established criteria for passing the affiliation. During the Extended Curriculum semester(s), the student will also be charged for the student health service fee, medical insurance premium and CUIMC Network fee. Although clinical education is 0 credits, students are considered to have full-time status and are therefore eligible for financial aid in the form of federal direct loans.

J. COMPLAINTS OUTSIDE THE REALM OF DUE PROCESS

Students have the following mechanisms that can be used to file a complaint against the program or faculty member if they believe they have been unfairly adjudicated.

1. Program Director at dck6@CUIMC.columbia.edu
2. Complaints may be filed at [The Compliance Hotline](#).
3. [The Ombuds Office](#) also offers a safe place to discuss your concerns.
4. Direct email to the program's Department Chair, [Dr. Joel Stein](#) or Dean, Vagelos College of Physicians & Surgeons, [Dr. Lee Goldman](#)
5. [The Commission on Accreditation in Physical Therapy Education](#)

*PART V: PROFESSIONALISM & FUNCTIONAL
ABILITIES*

A. CORE VALUES

"Physical therapists consistently demonstrate core values by aspiring to and wisely applying principles of altruism, excellence, caring, ethics, respect, communication and accountability and by working together with other professionals to achieve optimal health and wellness in individuals and communities" (Stern DT. *Measuring Medical Professionalism*. Oxford University Press. New York, NY, 2006:19.). With the transition to the DPT, one of the initiatives of the American Physical Therapy Association (APTA) was to define and describe the concept of professionalism by explicitly articulating what the graduate of a PT program ought to demonstrate with respect to professionalism. The APTA believed that practitioners' behaviors could be articulated to describe what the individual practitioner would be doing in their daily practice that would reflect professionalism. Seven core values were identified, which the APTA believed were of sufficient breadth and depth to incorporate the many values and attributes that are part of professionalism. These Core Values were approved by the Board of Directors, APTA, in 2003 and amended in 2004. Columbia University's Physical Therapy Program has adopted the professionalism definition from the APTA as defined below. These core values are now part of the APTA Code of Ethics, Section VIII, Appendix C, pages 98-100, and APTA Guide for Professional Conduct, Appendix D, page 101-108.

The Core Values

Accountability: is active acceptance of the responsibility for the diverse roles, obligations and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.

Sample Indicators:

1. Responding to patient's/client's goals and needs
2. Seeking and responding to feedback from multiple sources
3. Acknowledging and accepting consequences of his/her actions.
4. Assuming responsibility for learning and change.
5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities.
6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.
7. Participating in the achievement of health goals of patients/clients and society.
8. Seeking continuous improvement in quality of care.
9. Maintaining membership in APTA and other organizations.
10. Educating students in a manner that facilitates the pursuit of learning

Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self-interest.

Sample Indicators:

1. Placing patient's/client's needs above the physical therapists

2. Providing pro-bono services.
3. Providing physical therapy services to underserved and underrepresented populations.
4. Providing patient/client services that go beyond expected standards of practice.
5. Completing patient/client care and professional responsibility prior to personal needs.

Compassion/Caring is the desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy and consideration for the needs and values of others.

Sample Indicators:

1. Understanding the socio-cultural, economic and psychological influences on the individual's life in their environment.
2. Understanding an individual's perspective.
3. Being an advocate for patient's/client's needs.
4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc.
5. Designing patient/client programs/ interventions that are congruent with patient/client needs
6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care.
7. Focusing on achieving the greatest well-being and the highest potential for a patient/client.
8. Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases.
9. Embracing the patient's/client's emotional and psychological aspects of care.
10. Attending to the patient's/client's personal needs and comforts.
11. Demonstrating respect for others and considering others as unique and of value.

Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgement and the patient/client.

Sample Indicators:

1. Demonstrating investment in the profession of physical therapy
2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions
3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes.

4. Conveying intellectual humility in professional and interpersonal situations.
5. Demonstrating high levels of knowledge and skill in all aspects of the profession.
6. Using evidence consistently to support professional decisions.
7. Demonstrating a tolerance for ambiguity.
8. Pursuing new evidence to expand knowledge.
9. Engaging in acquisition of new knowledge throughout one's professional career.
10. Sharing one's knowledge with others.
11. Contributing to the development and shaping of excellence in all professional roles.

Integrity is steadfast adherence to high ethical principles of professional standards, truthfulness, fairness, doing what you say you will do, and “speaking forth” about what you will do.

Sample Indicators:

1. Demonstrating investment in the profession of physical therapy
2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions
3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes.
4. Conveying intellectual humility in professional and interpersonal situations.
5. Demonstrating high levels of knowledge and skill in all aspects of the profession.
6. Using evidence consistently to support professional decisions.
7. Demonstrating a tolerance for ambiguity.
8. Pursuing new evidence to expand knowledge.
9. Engaging in acquisition of new knowledge throughout one's professional career.
10. Sharing one's knowledge with others.
11. Contributing to the development and shaping of excellence in all professional roles.
12. Being trustworthy.
13. Taking responsibility to be an integral part in the continuing management of patients/clients
14. Knowing one's limitations and acting accordingly

15. Confronting harassment and bias among ourselves and others.
16. Recognizing the limits of one's expertise and making referrals appropriately.
17. Choosing employment situations that are congruent with practice values and professional ethical standards.
18. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.

Professional Duty is the commitment to meeting one's obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.

Sample Indicators:

1. Demonstrating beneficence by providing "optimal care".
2. Facilitating each individual's achievement of goals for function, health and wellness
3. Preserving the safety, security and confidentiality of individuals in all professional contexts.
4. Involved in professional activities beyond the practice setting.
5. Promoting the profession of physical therapy.
6. Mentoring others to realize their potential.
7. Taking pride in one's profession.

Social Responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness

Sample Indicators:

1. Advocating for the health/ wellness needs of society including access to health care and physical therapy services.
2. Promoting cultural competence within the profession and the larger public.
3. Promoting social policy that effects function, health, and wellness needs of patients/clients.
4. Ensuring that existing social policy is in the best interest of the patient/client.
5. Advocating for changes in laws, regulations, standards and guidelines that affect physical therapist service provision.
6. Promoting community volunteerism.
7. Participating in political activism.
8. Participating in achievement of societal health goals.

9. Understanding of current community-wide, nation-wide and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy.
10. Providing leadership in the community.
11. Participating in collaborative relationships with other health practitioners and the public at large.
12. Insuring the blending of social justice and economic efficiency of services.

C. PROFESSIONAL DEVELOPMENT

The faculty has constructed a policy for counseling students who demonstrate behaviors that are unacceptable. The **Professional Development Report** is completed by faculty whenever a particular faculty member believes its use is warranted. The **Report** is not used for every student. It is reserved for those students whose behavior suggests a lack of professionalism. If the **Report** needs to be completed on a student, based on classroom observations and other situations, the instructor will discuss the form with the student, and then allow the student to add additional comments and both will sign the form. The faculty member informs the student's advisor of the situation and places the **Report** in the student's file. The student's advisor informs all faculty members at the regularly scheduled faculty meeting that a **Report** has been completed. The student's advisor will schedule a follow-up meeting with the student to design a plan of action with appropriate goals to enhance professional development.

See the following page for a list of professional descriptors.

A copy of **Professional Development Report** can be found on page 76.

List of Professional Descriptors

Honesty and Integrity

- Admits to and corrects errors
- Maintains confidentiality
- Represents the facts of all situations accurately

Appropriate response to faculty feedback/supervision

- Respectful of others
- Choose appropriate time to approach instructor
- Accepts faculty feedback in a positive manner
- Modifies performance in response to feedback or indicates reasons acceptable to the faculty for justifying performance

Ability to work as a team member

- Participates collaboratively
- Responds to and respects the needs of others
- Allows others to express their opinions
- Remains open-minded to different perspectives
- Is tactful in giving others suggestions and feedback

Appropriate Communication

- Actively participates in discussion
- Initiates thoughtful/relevant questions
- Communicates ideas and options clearly and concisely
- Attends to class agenda

Initiative

- Independently seeks out learning experiences
- Takes initiative for one's own learning
- Uses adequate and appropriate resources to achieve educational goals
- Identifies any problem and seeks to formulate a remedial plan

Dependability & Responsibility

- Takes responsibility for one's own actions
- Attends all scheduled educational sessions
- Is on time for scheduled educational sessions and appointments
- Completes and submits assignments/papers in a timely manner
- Complies with program/course expectations
- Respects and returns borrowed materials
- Maintains a safe and clean environment in class/lab
- Adheres to scheduled office hours

Judgement

- Uses an inquiring or questioning approach in class
- Analyzes options prior to making a judgment
- Develops a rationale to support decision
- Demonstrates awareness of possible bias
- Makes sound decisions based upon factual information
- Gives alternative solutions to complex issues/situations
- Adheres to organizational and interpersonal boundaries
- Handles personal and professional concerns appropriately

Organizational Ability

Comes to class prepared

Manages time/materials to meet program requirements

Uses organizational skills to contribute to the development of others

Professional Presentation

Wears neat, clean clothing appropriate to setting

Presents self in manner that is accepted by peers, clients, supervisors

Use verbal and non-verbal language that communicates engaged attention and interest

Displays a positive attitude towards becoming a physical therapist

Columbia University
Program in Physical Therapy
Professional Development Report

Date: _____

Faculty Member: _____ Student: _____

Professional Behavior Issue: (Faculty documentation of incident/situation leading to necessity of meeting)

Student Comments:

Goals and follow-up:

Faculty Signature

Student Signature

(Attach additional sheets as necessary)

D. ESSENTIAL FUNCTIONS

Students are expected to possess at admission and maintain throughout the curriculum certain essential functions.

Introduction

Columbia University's Program in Physical Therapy is dedicated to the education of students who will serve at the forefront of health care in an empathetic and effective manner. Successful completion of the program requires acquisition of didactic knowledge, physical skills, and professional behaviors. The purpose of the essential functions is to delineate the cognitive, affective and psychomotor functions that the student must demonstrate in order to complete this program. These functions are necessary to enable the individual to perform as a competent physical therapist in general practice.

All students must act in compliance with standards set forth by the American Physical Therapy Association's *Code of Ethics*, which now includes the *Guide for Professional Conduct*. These documents follow in Appendices C and D respectively. In addition, each student must be able to demonstrate the following essential functions with or without "reasonable accommodations." A student who discloses a properly certified disability in a timely manner and follows the written procedures of Columbia University's Office of Disability Services will receive reasonable accommodation. These essential functions must be performed safely, consistently and efficiently in order to enter the program, continue studies and graduate.

Students must possess aptitudes, abilities, and skills in five areas:

Intellectual/Conceptual, Integrative, and Qualitative Skills

Students must have the ability to measure, calculate, reason, analyze, and synthesize information in a timely manner. Problem solving and diagnosis, including obtaining, interpreting, and documenting data are critical skills. These skills allow the student to make proper assessments and sound judgments, and appropriately prioritize therapeutic interventions to measure and record patient outcomes. In addition, students must be able to comprehend three-dimensional spatial relationships of anatomic structures.

Communication Skills

Students must have the ability to complete reading assignments, search and evaluate the literature, complete written assignments and maintain written records. They must be able to communicate in oral and written English effectively, efficiently, and sensitively. They must be able to communicate clearly in order to provide and elicit information, describe accurately changes in mood, activity and posture, and understand verbal as well as nonverbal communication. These skills must be performed in clinical settings as well as in the classroom. For example, students must be able to communicate rapidly and clearly during interdisciplinary meetings, elicit a thorough history from patients, and communicate complex findings in appropriate terms to patients, family and various members of the health care team.

Behavioral/Social Skills and Professionalism: Students must demonstrate attributes of empathy, integrity, concern, interest and motivation. They must possess the emotional health required for full use of their intellectual abilities, the exercise of sound judgment, the prompt completion of all responsibilities attendant to patient care, and the development of mature, sensitive, and effective relationships with patients, professionals and the public. They must be able to adapt to ever-changing environments, display flexibility, and learn to function in the face of uncertainties and stresses which are inherent in the educational and patient-care processes.

Students must be able to identify and communicate the limits of their physical, emotional, and cognitive abilities to others and implement appropriate solutions. Students must maintain a professional demeanor. They must possess adequate endurance to tolerate physically demanding workloads and to function effectively under stress. They are expected to accept appropriate suggestions and criticism and respond with suitable action.

Motor Skills

Students must have adequate motor skills to provide general care and emergency treatment to patients. They must have ample motor function to elicit information from patients by palpation, auscultation, percussion, and other evaluative

procedures. Students must have the ability to demonstrate and practice classroom activities, to perform cardiopulmonary resuscitation, and to lift, guard and transfer patients safely.

Physical therapy interventions require the coordination of gross and fine movements, balance, and functional use of limbs and the senses. Students must have the manual dexterity and the ability to safely engage and modulate procedures involving grasping, fingering, pushing, pulling oscillating, holding, extending and rotating.

Sensory/Observation Skills

Students must be able to obtain information from lectures, laboratory dissections and demonstrations in laboratories and lectures. They must be able to monitor digital and waveform readings and graphic images to determine patient conditions. They must be able to supervise a patient accurately at a distance and close at hand.

A student who discloses a properly certified disability in a timely manner and follows the written procedures of Columbia University's Office of Disability Services will receive reasonable accommodation. An applicant with a disability or a degree candidate with a disability shall not, on the basis of his or her disability, be excluded from admission to or participation in the program.

Students must sign and return this document to the Program Director.

Columbia University Program in Physical Therapy Essential Functions

I understand that I need to possess the essential functions skills identified in the Student Handbook and believe that I do:

Signature

Date

Print name

*PART VI: ACADEMIC & CLINICAL INTEGRITY &
RULES OF UNIVERSITY CONDUCT*

A. ACADEMIC AND CLINICAL INTEGRITY

Intellectual honesty is a cornerstone of all academic and scholarly work. Therefore, the University, including the Program in Physical Therapy, views any form of academic dishonesty as a serious matter. The *Academic Standing Committee* is responsible for the establishment and maintenance of general guidelines for dealing with academic and clinical integrity and is responsible for handling individual cases of alleged or actual dishonesty.

Academic dishonesty includes any act which is designed to obtain fraudulently, either for oneself or for someone else, academic credit, grades, or other recognition that is not properly earned. It is to behave, or to help another to behave, so as to improperly advance, protect, or diminish the academic status of individuals or the University.

Examples of academic dishonesty include, but are not limited to:

1. Academic Dishonesty

- a. Cheating on course or proficiency examinations by the use of books, notes, or other aids when these are not permitted, or by copying from another student.
- b. Submission of similar papers or projects in more than one course without permission of the instructor(s).
- c. Collusion: Two or more students helping each other on an examination or assignment, unless specifically permitted by the instructor.
- d. Use of substitutes: Sitting in for another student at an examination, or permitting someone else to sit in for oneself.
- e. Plagiarism: The submission of another's work as one's own original work without proper acknowledgement of the source.
- f. Falsifying documents or records related to credit, grades, change of status forms (e.g., add drop form), and other academic matters.
- g. Altering an examination or a paper after it has been graded for the purpose of fraudulently requesting a revision of the grade.
- h. Use of unauthorized materials for an examination or project (e.g. electronic devices).
- i. Circulation and/or use of unauthorized previous examinations.
- j. Unauthorized possession of an examination, even if inadvertent.
- k. Theft, concealment, destruction, or inappropriate modification of classroom or other instructional material; e.g., posted examinations, library materials, laboratory supplies, computer programs and outputs
- l. Preventing relevant material from being subjected to academic evaluation.
- m. Students may record (e.g. audio video, photo) lecture and/or laboratory only with permission of the instructor.

2. *Clinical Dishonesty*

The principles of academic dishonesty shall also apply to those courses taken during the clinical phases of a program of instruction. In clinical programs, academic dishonesty shall be defined further to include, but not be limited to:

- a. Falsification of client or institutional records.
- b. Concealing information or activities that affect the safety and well-being of clients.
- c. Inappropriate violation of client confidentiality.
- d. Engaging in activities that are contrary to the professional codes of ethics or standards or practice as defined by the Program or professional association.
- e. Misrepresenting one's role as a student to an institution, client, or to the public so as to mislead them in their expectations of the student's competencies and limitations.
- f. Failure to seek supervision for clinical activities or neglecting to obtain required clearance for such clinical activities.
- g. Performance, without supervision, of procedures for which the student has not been prepared.
- h. Failure to follow the university guidelines regarding the use of human subjects in research.

Guidelines

Under the principle of academic freedom, each faculty member reserves the authority, and with it the responsibility, to clearly define the bounds of acceptable conduct and to carry on his/her duties in a fashion conducive to academic honesty. Each faculty member retains the right to take immediate and appropriate action to prevent and deal with any act of unacceptable conduct on the part of a student.

Students who are accused of academic dishonesty during an examination have the right to finish the examination; in this way students who appeal the accusation will have a completed examination on which their final grade will be based, should the accusation not be sustained. When academic dishonesty is suspected during an examination it is at the discretion of the instructor whether the student should be informed of suspicions immediately or when the examination is over. When academic dishonesty is confirmed before an examination (e.g., possession of unauthorized materials), the student will be prohibited from taking the examination; if the instructor suspects that other students may have been exposed to the examination, the instructor may void that examination at his/her discretion and re-test the students.

Students accused of plagiarism will receive a 0 grade for the assignment (e.g. exam, quiz, assignment or project).

Students who are accused of academic dishonesty while on clinical affiliation should be allowed to continue during the appeal process, unless the Program or clinical institution believes that this would not be in the best interest of the patients/clients served by the clinical instructor.

Students are presumed innocent until found guilty. Students may be found guilty of academic dishonesty on the basis of preponderance of evidence. This may be obtained from direct or circumstantial evidence, or a combination of the two. For example:

1. In case of plagiarism, a dramatic change in writing style may contribute toward a finding of guilt; identification of source material strengthens the accusation.
2. Possession of an accessible reference sheet may contribute toward a finding of guilt even if the student was not observed using the sheet.
3. Students may be found guilty of academic dishonesty if they are observed to be communicating with one another even if there is no clear indication on the examination paper of collusion.
4. Students may be found guilty of academic dishonesty on the basis of similarity between examinations, papers, or other work even though there were no witnesses to communication between the accused students.

Procedure to Bring a Complaint

Allegation

Any member of the academic community may bring a complaint of academic dishonesty concerning a student in the Program of Physical Therapy. The complaint should be addressed to the Program Director. A written report should be submitted, with full details, within 5 working days of the discovery of the alleged offense. The Program Director will bring the report to the *Academic Standing Committee*, which will handle the investigation as described below.

Informing the Student

Upon receipt of an accusation, the Program Director will inform the student of the charge and the procedures of appeal. Upon written request, the accused student has the right to review copies of documentation concerning the charges, which may include the letter of accusation from the person bringing the charges and statement(s) of witness(es), if any. The Program Director shall provide such documentation as soon as reasonably possible. A faculty member from Columbia University will be assigned to the accused student to serve as an advisor.

Investigation

The Program Director will provide documentation to the *Academic Standing Committee*. The *Committee* will review the charges of academic dishonesty, determine whether the charges are substantiated by a preponderance of evidence, define extenuating circumstances, if any, and render a recommendation to the Program Director. The Program Director will inform the student by certified mail of the decision and penalty.

Penalties for Academic Dishonesty

The responsibility for recommending a penalty for an individual act of academic dishonesty to the Program Director lies with the *Academic Standing Committee*. Ordinarily, the penalty for any substantiated act of academic dishonesty is withdrawal from the Program.

Appeal

Due process procedures are followed for an appeal of decisions on academic or clinical integrity. A student who disagrees with a decision of the *Academic Standing Committee* may initiate an appeal by a written statement filed, by certified mail, with the Program Director within one week following notification of the decision. The Program Director will refer the petition to the Chairperson of the *Appeals Committee* who will set a time for a hearing at the earliest possible date. See also *Dean's Discipline*, page 64.

B. CODE OF CONDUCT

A *Code of Conduct* was developed by the faculty that describes the tenets to support professional conduct standards and augments the Academic and Clinical Integrity policies as outlined in A.

It is expected that all members of Columbia University's Program in Physical Therapy will support this *Code*. In order to guide student conduct, **students must sign and return the *Code of Conduct* (see following page) to the Program Director.**

Code of Conduct, Program in Physical Therapy

The Program in Physical Therapy is committed to the highest academic and professional standards by all members of Columbia University's Program in Physical Therapy (CUPPT) community, on and off campus. The philosophy of the program is that the development of these ethical standards is an integral part of the education of every student enrolled in the program and essential for entrance into the profession of physical therapy.

The foundation of this Code of Conduct is the belief that ethical conduct of all members of CUPPT is the responsibility of each individual member of the community, students, faculty, staff, and administration. All members of our community will support this Code designed to guide our students.

The following are violations of the *Code of Conduct* that are unacceptable to CUPPT:

1. Those specified under Academic and Clinical Dishonesty, page 79-82 in the *Student Handbook*
2. Breaches of trust and confidentiality; HIPAA violations
3. Repeated failures to meet assigned obligations in the academic or clinical training.
4. Other misconduct, misrepresentation or failures in personal actions or in meeting obligations that raise serious doubts about integrity for a career in physical therapy.
5. Potential hazards from being impaired and therefore lacking the ability to perform educational or professional duties. Such impairments may be emotional or psychological and/or substance abuse. Inappropriate behavior includes behavior regarded as alarming, threatening, bizarre, hostile or otherwise inconsistent with academic and/or clinical responsibilities. It may also consist of behavior that is disruptive to work groups, patient care or to the educational process.
6. Falsification of another student's presence in class by signing for that student.
7. Disrespect of classmates by misrepresenting the performance of another student.
8. Tweeting, posting Facebook updates, blogging or otherwise publishing remarks or statements about anyone in the program (student or faculty) without their express and specific permission.

If you have something to report, see the Program Director. Likewise, it is each student's responsibility to direct any questions or concerns about what constitutes academic or clinical dishonesty to a faculty member or the Program Director. Within the program, all students will receive fair and equitable treatment and "due process" as described in the *Student Handbook, Academic Standards*, starting on page 55. The program's Academic Standing Committee will determine the consequences of a conduct violation.

The Program in Physical Therapy reserves the right to dismiss or deny graduation to any student who in the judgment of the faculty is determined to be unsuited for study or professional practice.

By signing below, you signify that you have read, understand and are committed to the standards set forth in the Code of Conduct.

Print Name & Sign Below

Date

C. PRE-CLINICAL DRUG TESTING POLICY (MEDICAL CENTER CAMPUS POLICY)

CUIMC Mandatory Pre-Clinical Drug Testing Policy

Pre-clinical drug testing is required of all students in the clinical schools at CUIMC. Columbia University Medical Center is committed to assisting members of its community in facing the challenges associated with alcohol abuse and illicit drug use. The drug testing policy provides an opportunity for early identification and intervention before the consequences of such abuse adversely impacts a student's health, professional growth, and patient care. Early intervention also provides opportunity for successful treatment without the involvement of formal disciplinary action or other sanctioning. The pre-clinical drug testing procedures are described in Appendix E, page 109.

*For further questions or concerns please contact Stephanie Rozen, Director of AIMS, 212.305.3989, aims@columbia.edu or visit the [Student Health website](#).

D. ALCOHOL AND DRUGS

Policies related to Alcohol and Drugs can be reviewed at length in the [Essential Policy Handbook](#). However, students need to keep the following in mind related to scheduling a student sponsored event in a residence hall or other University space.

A student(s) must be designated to take responsibility and accountability for assuring that University and Medical Center Alcohol and Drug policies and procedures are known and complied with. The designated student(s) must participate in a training sponsored by the AIMS (Addiction Information and Management Strategies) program through the Center for Student Wellness. To inquire about training dates or other related questions, contact the Director of AIMS, Stephanie Rozen at 212-305-3989 or sg3052@columbia.edu.

AIMS also serves as a free and confidential resource to CUIMC students. AIMS has a professional staff and peer representatives available to assist students who experience issues, or have questions related to substance use, abuse, and dependence as well as concerning behaviors. AIMS also provides educational opportunities around issues related to addiction and is committed to maintaining a substance-safe campus. Appointments can be scheduled Monday – Friday 9:30 AM – 5:30 PM by calling 212-305-3989 or email [Stephanie Rozen](mailto:Stephanie.Rozen).

E. RESPONSIBLE USE OF ELECTRONIC RESOURCES

As a member of the University you must be aware of the University's policies and the law regarding the use of electronic resources, including computers, networks, email, and online information resources, and the use of copyrighted material on Columbia's computer systems and network.

The University has received increasing numbers of allegations of illegal possession and distribution of copyrighted materials by its members. Peer-to-peer file sharing programs, like Kazaa, Morpheus and Gnutella, have made it much easier for individuals to get and share unauthorized copies of copyrighted works, such as music and motion pictures. Such activity is against the law and exposes both you and the University to legal liability.

You can be held legally liable if you download or share music, movies or other files without permission from the copyright owner. Under the law, repeated copyright violations by any network user may result in permanent termination of network access.

See Appendix F, page 112 for the University's Copyright Law and Policy and Use of Copyrighted Material on Columbia's Computer System and Network.

F. EMAIL USAGE AND RETENTION POLICY

The University's Policy Statement can be found in Appendix G, page 115.

G. UNUSUAL DISQUIETING BEHAVIORS

To support Columbia's efforts to sustain the safety of our University community, the following provides you with information on what you can do if you have concerns about unusual or disquieting behaviors on the part of a classmate. There is no guaranteed formula for predicting behaviors, particularly the rare potential for behavior that becomes threatening or violent. However, there are a host of indicators you can be attentive to that may raise red flags and that deserve further scrutiny. Generally, it is the combination of a number of risk factors that is especially worthy of attention.

Initially you should bring your concern to the Program Director or a faculty member.

If you are concerned that a classmate may pose an immediate danger outside of the classroom, contact CUIMC Public Safety at **212-305-7979** and then call the Program Director's mobile number **914-907-5017**.

If the situation is less imminent, Counseling and Psychological Services and CUIMC Mental Health Service can also assist you in thinking about the risk a classmate may pose, and in discussing resources that may be of help. Often, troubling behaviors on the part of a classmate speak less to the threat a student poses to others than to his/her need for personal support and professional attention. In these circumstances, Counseling and Psychological Services and CUIMC Mental Health Services can be key resources.

The following are some behavioral warnings that serve as guidelines in recognizing even a small potential for a dangerous act:

- Stalking, harassing others, particularly if such behavior persists after there have been demands to stop
- Extreme irritability; regular temper outbursts or fits of rage
- Impulsivity
- Signs of social isolation, feelings of marginalization or a chronic sense of rejection
- Withdrawal from friends
- Inappropriate behavior
- Alcohol or other substance abuse
- Suicidal threats
- Deterioration in functioning, personal hygiene; marked personality changes

Please remember that the Program Director or any faculty member can provide assistance in responding to routine behavioral problems in the classroom, residence halls or elsewhere on campus. Apart from enlisting the support and assistance of the Program Director or faculty member, it may be important to bring even lesser infractions to their notice because you may be one of several individuals who have noted behaviors, which in isolation are only mildly worrisome, but which, taken together, may be suggestive of a more urgent problem. While the likelihood of violent behavior remains statistically very small in our community, experience has shown that our collective attention to those who may be acting inappropriately can help prevent even the potential for threat from becoming a reality.

Columbia's goal is continual improvement in the ways we can be sensitive and responsive to the needs of all individuals in a large and diverse university community where students are one of our greatest resources.

CUIMC Campus Resources

Center for Student Wellness (212) 304-5564

CUIMC Student Health Service (212) 305-3400

CUIMC Student Mental Health Service (212) 305-3400

Program Director (914-907-5017)

See also Appendix I, page 119, Concerned About a Student or Friend, which provides a guide for those concerned about a classmate or friend who may be depressed, at-risk for self-harm or harming others. Excerpted from material developed by CUIMC Student Health Services.

H. OFFICIAL UNIVERSITY REGULATIONS AND POLICIES

The University's official regulations are included in the University Handbook [*Essential Policies for the Columbia Community*](#)

Regulations which are important to you as a Columbia student are listed below. This list is not inclusive and it is recommended that you check this site periodically.

- Social Security Number Reporting
- Policy on Access to Student Records (FERPA)
- University Regulations
- Policies on Alcohol and Drugs
- Student Policies and Procedures on Discrimination and Harassment
- Gender-Based Misconduct Policies for Students
- Sexual Assault Policy and Disciplinary Procedure
- University Event Management Policies
- Policy of Partisan Political Activity
- Campus Safety and Security
- Crime Definitions
- Voluntary Leave of Absence Policy
- Involuntary Leave of Absence Policy
- Military Leave of Absence Policy

*PART VII: CLASS OFFICERS, PROGRAM & APTA
AWARDS, APTA STUDENT MEMBERSHIP,
NATIONAL LICENSING EXAM*

A. CLASS OFFICERS

Policies and Procedures for Electing Officers

Class officers are elected as follows:

- During Fall I an election is held during the Professional Leadership and Practice Class.
- Students are given the opportunity to review the job descriptions of all class officers. Officers from the DPTII and DPTIII classes will be available to answer questions about their positions.
- All nominees will have the opportunity to address the class to discuss their background, qualifications and motivation to be a class officer.
- All DPT I students running for a position should submit a letter of intent by a deadline given by the supervising faculty member. Please list no more than two positions and indicate your first choice, and add a brief paragraph about why you think you are well suited for the position(s). Letters will be compiled and posted.
- Elections will be held in the Professional Leadership and Practice class.
- Students should bring a computer or mobile device to class in order to vote electronically.
- Only those students who are physically present during the election can vote. No write-in ballots are accepted.

All class officers must maintain a GPA equal to or greater than 3.000 and demonstrate professional behavior throughout their tenure. Those officers who do not achieve these criteria will be asked to vacate their position. Subsequently, an election will be held to fill any and all vacancies.

President (1)

It is the duty of the president to maintain contact with the Program Director and ensure that the executive board is working optimally and on behalf of the class. The president can set the tone for the class and have an impact on its relationship with the faculty and administration. The president works with all class officers in organizing fund raising activities, participation in American Physical Therapy Association events, outreach programming, PT program admissions activities and working with faculty and staff to coordinate orientation for the incoming class. The president is also responsible for initiating communication with the class regarding the closing of the University due to inclement weather. Other responsibilities include, maintaining the class calendar, sending out a weekly email with announcements, and in general being the point person for anyone who has a question or seeks support of any kind.

Vice President (1)

The vice president acts as a liaison between classmates, officers, and faculty, and assists in coordinating special events and projects such as interview days, class parties, fundraisers, and the white coat ceremony. The vice president also coordinates class officer meetings, takes minutes and writes follow-up communications. The role requires wearing many different hats and ultimately boils down to supporting the president and other officers in a wide range of projects.

Treasurer (1)

The class treasurer is responsible for maintaining the class funds. The treasurer maintains the class bank account and communicates with classmates who may have fundraising ideas. While the treasurer does not do all of the fundraising alone, he/she oversees the planning, organizing, or gathering of funds. It's an enjoyable position that allows one to be involved in a variety of events.

American Physical Therapy Association Student Representatives (2)

The main responsibility of the APTA representatives is to stay up-to-date with the APTA and inform the class of any new developments. This means staying ahead of what events are coming up, both locally and nationally, as well as trying to encourage the class to get involved, including in research and healthcare policy. The APTA reps represent the university at local and national events and organize APTA involvement within the class.

PT-CAN Board Members (4)

PT-CAN stands for Physical Therapy Community Action Network. This organization works to provide service opportunities to the classes of Columbia's DPT program. There are four available board positions. Each member heads a specific project. For example, one board member is in charge of the Lang Youth Mentor Program. This program's goal is to provide DPT students an opportunity to mentor high school students in Washington Heights that are interested in the medical field. One board member is in charge of the CoSMO Clinic (Columbia Student Medical Outreach). This board member's job is to coordinate dates and students to attend CoSMO clinic on a bi-monthly basis. You will also work closely with the medical board members who organize the clinic to schedule PT treatment sessions. A third board member works to create various projects throughout the community such as volunteering for the NYC Marathon, cleaning up local schools in conjunction with PT Day of Service, and organizing physically-active fundraisers to support cancer research. And a final board member focuses on supporting pediatrics-focused projects and implementing others as they arise. All board members are encouraged to seek out new opportunities for community outreach, attend various CoSMO clinics throughout the semester, and assist with new projects as needed.

Student-Faculty Liaisons (2)

The Student-Faculty Liaisons are responsible for enhancing faculty/student communication. The liaisons continuously monitor class polls and host class meetings to survey students for their opinions on issues pertaining to classes and other concerns or ideas. They may also meet with individual faculty members or the faculty as a group to gain faculty input and share student feedback. The liaisons are also responsible for meeting with the faculty contacts to share collected feedback and for communicating with the class about the faculty's plan to consider and/or implement changes. Past student-faculty social events have included a potluck, student-faculty morning coffee and donuts, and sporting events, such as the annual student-faculty basketball game.

Social Board Members (4)

The Social Board will be a four-person team that leads the class social committee. The board is responsible for planning events for the class and creating opportunities for the class to network with other healthcare professionals. The events are focused on being fun and accessible for everyone with an emphasis on camaraderie. Past events have included: A Thanksgiving potluck, a holiday party, Super Bowl party, happy hours, and an end-of-year boat cruise, PT prom, a PT picnic, field day, Broadway shows, a NYC scavenger hunt, a haunted house Expedition, and an Atlantic City trip.

B. PROGRAM AWARDS

The following is a list of honors and student awards selected by the DPT faculty for graduating students in recognition of their achievements.

Academic Honors

Awarded to a student who has demonstrated consistent excellence of academic performance with an overall cumulative average of 3.850 at graduation. The notation of "graduated with honors" is so stated on the Columbia diploma. The following awards carry cash prizes and a commemorative plaque. A perpetual plaque has been established for viewing on the program floor.

Faculty Award for Academic Excellence

This award honors a graduating student who has attained the highest cumulative average in his/her studies in the program and is ranked first in the class. If more than one student has the same class average and ranking, other factors are used to

determine the recipient of this award. These factors include clinical performance, professionalism and service contribution to the program and/or APTA.

Mary E. Callahan Award

This award is given in honor of an outstanding educator and administrator who has made distinguished contributions to the Program in Physical Therapy at Columbia University. The award is given to a student who has demonstrated academic achievement, outstanding clinical skill, sensitivity and leadership ability.

Joan E. Edelstein Award

In honor of a former program director, this award recognizes a student who the faculty believes has shown a strong commitment to the aims and ideals of the profession through a service component to the program and/or community-at-large and/or the American Physical Therapy Association. The recipient has demonstrated outstanding cooperativeness, professionalism, communication and interpersonal skills, ethical conduct and a commitment to life-long learning. The recipient shows promise of becoming a distinguished representative of Columbia University.

Risa Granick, PT, MPA, EdD Scholarship

In honor of a former program director, this award is presented to a student who embodies Dr. Granick's passion, enthusiasm and work ethic, and shows promise of continuing her legacy in teaching and service to the profession.

Marcia Ebert Award for Clinical Excellence

This award was established in memory of Marcia Ebert who was a dedicated academician and clinician as well as a past faculty member of the Program in Physical Therapy at Columbia University. This award recognizes a graduating student who has demonstrated outstanding clinical performance during the clinical education phase of the curriculum. The student sought challenging clinical experiences and has met or exceeded the level of expectation as defined for the program's three clinical education experiences. In addition, the student has shown the propensity for developing the teaching skills necessary to become a clinical preceptor to give practical experience and training to future students.

Alma Merians, PT, PhD, Award for Outstanding Scholarship in the Fulfillment of Elective Research

In honor of distinguished alumnus Dr. Alma Merians, a noted researcher and academician, this award recognizes a student or student group who demonstrate the potential for future productivity in physical therapy scholarship as judged by the program faculty.

Faculty Award for Excellence in Neurorehabilitation

This award recognizes a student who has excelled in scholarship in the required, elective and specialized neurological courses of the DPT curriculum, demonstrated outstanding advancement of clinical skills in the neurorehabilitation internship and displayed an affinity for clinical teaching.

Faculty Award for Excellence in Orthopedics

This award recognizes a student who has excelled in scholarship in the required, elective and specialized **orthopedic** components of the DPT curriculum, demonstrated outstanding advancement of clinical skills in the orthopedic internship and displayed an affinity for clinical teaching.

Alfred DiMarino Award for Excellence in Pediatrics

This award has been established in the memory of Alfred DiMarino by his wife, program alumnus Jean van Haaften who has had a distinguished career as a pediatric physical therapist. The award recognizes a student who has shown a commitment to a career in pediatric physical therapy. This commitment is manifested through academic excellence in the required, elective and specialized DPT track courses, accompanying pediatric internship, and demonstration of sensitivity, caring and compassion for children with disabilities and their families.

C. AMERICAN PHYSICAL THERAPY ASSOCIATION AND NY STATE AWARDS

Mary McMillan Scholarship

(Nomination by Program faculty)

The American Physical Therapy Association award recognizes outstanding students based on superior scholastic performance, past productivity, evidence of potential contribution to physical therapy and service to the American Physical Therapy Association. This award is highly competitive as it represents one of the "best" students from a particular program. Every accredited physical therapy program is allowed to nominate one student in his/her final year of study. Only eight to ten are selected annually to receive this award by a Scholarship Awards Committee of the Association. Students selected receive a monetary award and a certificate presented by the APTA's Board of Directors at the Association's Annual Conference in June. An official announcement of the award also appears in an Association publication.

Minority Scholarship Award

(Nominated by Program faculty)

This scholarship award is supported by the Minority Scholarship Fund and the amount of the award varies year to year. The scholarship is awarded on a competitive basis based on faculty nominations of third year students from physical therapy programs nation-wide. Nominees demonstrate contributions in the area of minority affairs and services with an emphasis on contributions made while enrolled in the physical therapy program. Nominees show a potential to contribute to the profession of physical therapy by exhibiting excellence in the following areas: past/present physical therapy related activities; leadership abilities (i.e. offices held); clarity of written communication and ability to articulate realistic goals and plans; clinical performance; critical thinking abilities; community service; scholastic achievement and honors and awards. Students selected receive a monetary award and a certificate presented by the APTA's Board of Directors at the Association's Annual Conference in June. An official announcement of the award also appears in an Association publication.

New York State Participation Award

(Given to one student from each NY PT program based on faculty nomination)

This award recognizes a student in their final year of study who has demonstrated participation in APTA component activities, participation in program activities relating to the profession, and has taken a student leadership role in the program. The student is recognized at the annual fall NY State Chapter Meeting and his/her name is inscribed on a perpetual plaque that hangs on the program floor.

D. OTHER AWARDS

May and Samuel Rudin Family Foundation Scholarship

The Rudin Family Foundation provides scholarship funding in the amount of \$5,000 to be awarded to four DPT students who are in good academic standing with a minimum cumulative GPA of 3.500, have a history of professionally related activities and service at the community, PT organization, university and/or program level, and personify the finest character and highest degree of professional behavior and commitment to the profession of physical therapy.

Louis and Emanuel G. Rosenblatt Foundation Inc. Donna Lynn Mushkin Memorial Scholarship Fund

The Rosenblatt Foundation has endowed one \$1,500 scholarship to a Year II DPT student in memory of Donna Lynn Mushkin, a creative young woman who had hoped to dedicate her life to working with physically and emotionally challenged youth. The recipient must be in good academic standing with a minimum cumulative GPA of 3.500, maintain a current student membership in the APTA, and show a commitment to pediatric physical therapy as illustrated by previous work or volunteer experience with children and/or youth. The recipient must also plan on taking the specialization track in pediatrics with a corresponding pediatric internship in the third year, aspire to a career in pediatrics, and exhibit the finest character and highest degree of professional behavior.

E. STUDENT MEMBERSHIP IN THE APTA

As the next generation of physical therapists, it is important to become part of the professional association. Membership is required throughout your 3 years of study and will be verified as part of the grading process for the Professional Leadership and Practice series of courses. Student membership gives you the following publications; *PT in Motion* and the *PT Journal* (the referee publication of the Association). Membership also gives you the opportunity to join some of the specialty sections of the Association, such as orthopedics, sports, pediatrics, neurology, geriatrics, aquatics, oncology, private practice as well as receive specialty journals such as the *Journal of Orthopedics and Sports PT* (Orthopedic and Sports sections). This journal is used as a resource, with assigned readings, throughout the program. Membership also allows you to receive a free on-line version of the *Guide to PT Practice*, which provides a detailed description of the scope of physical therapy practice that includes tests and measures and interventions related to the 4 major areas of practice; musculoskeletal, neuromuscular, cardiovascular/pulmonary and integumentary. The program uses the *Guide* as a required text throughout the curriculum.

F. NATIONAL LICENSING EXAMINATION

The Federation of State Boards of Physical Therapy (FSBPT) develops and administers the National Physical Therapy Examination (NPTE) for physical therapists in all 50 states, the District of Columbia, Puerto Rico and the Virgin Islands. This exam, which is required for licensure to practice, tests the basic entry-level competence of graduating students from accredited physical therapy programs.

Testing dates are limited to 4 times a year. This limited number of testing was designed to substantially reduce or eliminate candidates' ability to gain a score advantage by having advanced access to the NPTE questions. The purpose is to ensure validity of scores on the NPTE and fulfill the member boards' and FSBPT shared responsibility of protecting the public. The dates for testing are published yearly on the [FSBPT's web site](#) and are usually scheduled for January, April, July and October.

In the fall of Year III, the Academic Coordinators of Clinical Education, as part of Clinical Education Seminar V, hold a workshop to explain the licensing application procedure and advise students of the established test dates for 2020. The Program Director also communicates with students during the Clinical Internship (Spring III) to be sure that all students meet the filing deadlines for the July examination. This has been the date of choice for most students in the program.

Immediately following the University graduation on Wednesday, May 20, the program holds a licensure review course. Attendance is optional but the program pays \$100 toward the attendance fee for each student who wants to take the course.

More detailed information on the examination, process for filing, the review course, etc. will be communicated during Year III.

DON'T QUIT

When things go wrong as they sometimes will,
When the road you're trudging seems all up hill,
When the funds are low and the debts are high
And you want to smile but you have to sigh,
When care is pressing you down a bit,
Rest, if you must, but don't quit.

Life is queer with its twists and turns
As every one of us sometimes learns.
And many a failure turns about
When you might have won had you stuck it out.

Success is failure turned inside out
The silver tint is the cloud of doubt,
And you never can tell how close you are
It may be near when it seems so far.

So stick to the fight when you're hardest hit.
It's when things seem worst
You Must Not Quit

(author unknown)

PART VIII: APPENDICES

APPENDIX A: GETTING AROUND CAMPUS

Thousands of people visit Columbia University Irving Medical Center each day to work, learn, and receive high-quality health care. Explore the many options on the [Campus Map](#). The map can open up different layers and will show you residences, eating places and other resources around the Medical Center campus.

You will also find helpful information about parking, alternative transportation and directions, and accessible routes, buildings and venues.

APPENDIX B: PHYSICAL CAPACITIES FORM

PHYSICAL CAPACITIES FORM – Academic (CLASS / LABORATORY)

Read and download the [physical capacities form](#) to be filled out by the student's physician to determine if the student can safely participate in classroom and laboratory activities following illness or injury.

APPENDIX C: CODE OF ETHICS

APTA Code of Ethics for the Physical Therapist

HOD S06-09-07-12 [Amended HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals. (Core Values: Compassion, Integrity)

- 1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients. (Core Values: Altruism, Compassion, Professional Duty)

- 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
- 2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.
- 2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
- 2E. Physical therapists shall protect confidential patient/ client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments. (Core Values: Excellence, Integrity)

- 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
- 3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.
- 3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- 3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- 3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (Core Value: Integrity)

- 4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
- 4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
- 4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
- 4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

Principle #5: Physical therapists shall fulfill their legal and professional obligations. (Core Values: Professional Duty, Accountability)

- 5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
- 5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors. (Core Value: Excellence)

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society. (Core Values: Integrity, Accountability)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/ clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally. (Core Value: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

APTA Guide for Professional Conduct

Purpose

This Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics for the Physical Therapist (Code) of the American Physical Therapy Association (APTA) in matters of professional conduct. The APTA House of Delegates in June of 2009 adopted a revised Code, which became effective on July 1, 2010.

The Guide provides a framework by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

Interpreting Ethical Principles

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They address some but not all topics addressed in the Principles and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Principles when necessary and as needed.

Preamble to the Code

The Preamble states as follows:

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of the ethics code are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.

4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Interpretation: Upon the Code of Ethics for the Physical Therapist being amended effective July 1, 2010, all the lettered principles in the Code contain the word “shall” and are mandatory ethical obligations. The language contained in the Code is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Code. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word “shall” serves to reinforce and clarify existing ethical obligations. A significant reason that the Code was revised was to provide physical therapists with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation.

The Preamble states that “[n]o Code of Ethics is exhaustive nor can it address every situation.” The Preamble also states that physical therapists “are encouraged to seek additional advice or consultation in instances in which the guidance of the Code may not be definitive.” Potential sources for advice and counsel include third parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist’s ethical decision-making process is the examination of his or her unique set of facts relative to the Code.

Topics

Respect

Principle 1A states as follows:

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

Interpretation: Principle 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

Altruism

Principle 2A states as follows:

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

Interpretation: Principle 2A reminds physical therapists to adhere to the profession's core values and act in the best interest of patients/clients over the interests of the physical therapist. Often this is done without thought, but sometimes, especially at the end of the day when the physical therapist is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

Patient Autonomy

Principle 2C states as follows:

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

Interpretation: The underlying purpose of Principle 2C is to require a physical therapist to respect patient autonomy. In order to do so, a physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis. A physical therapist shall use sound professional judgment in informing the patient/client of any substantial risks of the recommended examination and intervention and shall collaborate with the patient/client to establish the goals of treatment and the plan of care. Ultimately, a physical therapist shall respect the patient's/client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

Professional Judgment

Principles 3, 3A, and 3B state as follows:

3: Physical therapists shall be accountable for making sound professional judgments. (Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

Interpretation: Principles 3, 3A, and 3B state that it is the physical therapist's obligation to exercise sound professional judgment, based upon his/her knowledge, skill, training, and experience. Principle 3B further describes the physical therapist's judgment as being informed by three elements of evidence-based practice.

With regard to the patient/client management role, once a physical therapist accepts an individual for physical therapy services he/she shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and shall make independent judgments regarding that care consistent with accepted professional standards.

If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise or that indicate the need for care outside the scope of physical therapy, the physical therapist shall so inform the patient/client and shall refer the patient/client to an appropriate practitioner.

A physical therapist shall determine when a patient/client will no longer benefit from physical therapy services. When a physical therapist's judgment is that a patient will receive negligible benefit from physical therapy services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist shall avoid overutilization of physical therapy services. See Principle 8C.

Supervision

Principle 3E states as follows:

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Interpretation: Principle 3E describes an additional circumstance in which sound professional judgment is required; namely, through the appropriate direction of and communication with physical therapist assistants and support personnel. Further

information on supervision via applicable local, state, and federal laws and regulations (including state practice acts and administrative codes) is available. Information on supervision via APTA policies and resources is also available on the [APTA Web site](#). See Principles 5A and 5B.

Integrity in Relationships

Principle 4 states as follows:

4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (Core Value: Integrity)

Interpretation: Principle 4 addresses the need for integrity in relationships. This is not limited to relationships with patients/clients, but includes everyone physical therapists come into contact with professionally. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one's role as a member of that team.

Reporting

Principle 4C states as follows:

4C. Physical therapists shall discourage misconduct by healthcare professionals and report illegal or unethical acts to the relevant authority, when appropriate.

Interpretation: When considering the application of “when appropriate” under Principle 4C, keep in mind that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation's unique set of facts, applicable laws, regulations, and policies.

Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation.

The EJC Opinion titled: [Topic: Preserving Confidences: Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts](#) provides further information on the complexities of reporting.

Exploitation

Principle 4E states as follows:

4E. Physical therapists shall not engage in any sexual relationship with any of their patient/clients, supervisees or students.

Interpretation: The statement is fairly clear – sexual relationships with their patients/clients, supervisees or students are prohibited. This component of Principle 4 is consistent with Principle 4B, which states:

Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g. patients/clients, students, supervisees, research participants, or employees).

Next, consider this excerpt from the EJC Opinion titled [Topic: Sexual Relationships With Patients/Former Patients](#):

A physical therapist stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist has natural feelings of attraction toward a patient, he/she must sublimate those feelings in order to avoid sexual exploitation of the patient.

One's ethical decision making process should focus on whether the patient/client, supervisee or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient/client relationship ends. To this question, the EJC has opined as follows:

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.

The Committee imagines that in some cases a romantic/sexual relationship would not offend if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

Colleague Impairment

Principle 5D and 5E state as follows:

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report the information to the appropriate authority.

Interpretation: The central tenet of Principles 5D and 5E is that inaction is not an option for a physical therapist when faced with the circumstances described. Principle 5D states that a physical therapist shall encourage colleagues to seek assistance or counsel while Principle 5E addresses reporting information to the appropriate authority.

5D and 5E both require a factual determination on your part. This may be challenging in the sense that you might not know or it might be difficult for you to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting his or her professional responsibilities.

Moreover, once you do make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance. However, the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a

colleague is unable to perform, whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect his or her professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.

The EJC Opinion titled: [Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts](#) provides further information on the complexities of reporting.

Professional Competence

Principle 6A states as follows:

6A. Physical therapists shall achieve and maintain professional competence.

Interpretation: 6A requires a physical therapist to maintain professional competence within one's scope of practice throughout one's career. Maintaining competence is an ongoing process of self-assessment, identification of strengths and weaknesses, acquisition of knowledge and skills based on that assessment, and reflection on and reassessment of performance, knowledge and skills. Numerous factors including practice setting, types of patients/clients, personal interests and the addition of new evidence to practice will influence the depth and breadth of professional competence in a given area of practice. Additional resources on Continuing Competence are available on the [APTA Web site](#).

Professional Growth

Principle 6D states as follows:

6D. Physical therapists shall cultivate practice environments that support professional development, life-long learning, and excellence.

Interpretation: 6D elaborates on the physical therapist's obligations to foster an environment conducive to professional growth, even when not supported by the organization. The essential idea is that this is the physical therapist's responsibility, whether or not the employer provides support.

Charges and Coding

Principle 7E states as follows:

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

Interpretation: Principle 7E provides that the physical therapist must make sure that the process of documentation and coding accurately captures the charges for services performed. In this context, where charges cannot be determined because of payment methodology, physical therapists may review the House of Delegates policy titled [Professional Fees for Physical Therapy Services](#). Additional resources on documentation and coding include the House of Delegates policy titled [Documentation Authority for Physical Therapy Services](#) and the [Documentation](#) and [Coding and Billing](#) information on the APTA Web site.

Pro Bono Services

Principle 8A states as follows:

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

Interpretation: The key word in Principle 8A is “or”. If a physical therapist is unable to provide pro bono services he or she can fulfill ethical obligations by supporting organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured. In addition, physical therapists may review the House of Delegates guidelines titled [Guidelines: Pro Bono Physical Therapy Services](#). Additional resources on pro bono physical therapy services are available on the [APTA Web site](#).

8A also addresses supporting organizations to meet health needs. In terms of supporting organizations, the principle does not specify the type of support that is required. Physical therapists may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues.

Issued by the Ethics and Judicial
Committee American Physical Therapy
Association October 1981
Last Amended November 2010

Last Updated: 9/4/13
Contact: ejc@apta.org

APPENDIX E: PRE-CLINICAL DRUG TESTING POLICY AND PROCEDURE

Background & Rationale

Health care providers are entrusted with the health, safety, and welfare of patients; have access to confidential and sensitive information; and operate in settings that require the exercise of good judgment and ethical behavior. Thus, assessment of a student's suitability to function in a clinical setting is imperative to promote integrity in health care services.

Clinical facilities are increasingly required by the accreditation agency Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to provide a drug screening for security purposes on individuals who supervise care, render treatment, and provide services within the facility.

Clinical rotations are an essential element in certain degree programs' curricula. Increasingly these rotations require drug screening for student participation at their site. Students with a positive drug screen may be barred from certain rotations and thus are unable to fulfill degree program requirements. Identification of such students prior to clinical rotations will enable appropriate assessment and indicated treatment and follow-up.

New York Presbyterian Hospital and CUIMC require drug screening of all employees. It is appropriate for clinical students to meet the same standards for the reasons stated above.

Policy

Pre-clinical drug testing is required of all students in the clinical schools at CUIMC.

Procedure

Students in the School of Nursing, College of Dental Medicine, and the College of Physicians & Surgeons will be required to undergo a 10-metabolite urine drug screen during the semester prior to the beginning of their clinical rotations (or in the case of the nursing programs, during their first semester at CUIMC).

Test results will be returned to the Student Health Services (SHS). If a test is positive, it is referred to the Medical Review Officer (MRO). The MRO speaks with the patient to ascertain any medications the student may be taking that could either interfere with or cause a positive test. This review is NOT communicated to the SHS. MRO reviews are completed within 5 days and tests are then communicated to the SHS as positive or negative. (For example, a student legitimately on Adderall would test positive by the lab, but review by the MRO with the patient and his/her prescriber would confirm the legitimacy of the prescription and such a test would be reported to SHS as negative.)

All students with a positive test will be required to have an evaluation by the Director of the AIMS program. The AIMS Director will establish the appropriate follow-up, which could include referral to addiction specialist for further evaluation and treatment, referral to an outside drug treatment program, or follow-up and treatment within AIMS and the SHS (including follow-up drug testing as requested by the AIMS Director). Referral to an outside drug treatment program, assessment by the AIMS Director or addiction specialist that the student could pose a risk to patient safety, non-compliance with AIMS directed follow-up, or directed follow-up that would interfere with a student's clinical placement will require notification of the Student Affairs Dean of the student's school or program of the need for a medical leave and Directors from the clinical rotation. Administrative clearance by the program or school will be required for return.

Ideally drug tests will be completed 2 months prior to the beginning of clinical work to allow completion of the evaluation of students testing positive prior to the start of their clinical rotations. Students who are already on clinical rotations, or who complete testing less than 2 months prior to the start of clinical work may need to be withdrawn from their clinical rotation depending on the evaluation by the AIMS director and/or addiction specialist.

If during or after treatment there is a question of the student's suitability for clinical work, s/he will be referred to an outside clinician for evaluation.

Drug screening reports will be held in strict confidence in the student's medical record unless released at a student's request or under the specific circumstances identified in sections 6-7.

Any results released to the Dean of a student's program are also confidential and are subject to the Family Educational Rights and Privacy Act [FERPA] regulations. For additional information visit their [website](#).

Urine drug screens requested by a student for an outside program will be ordered through Sterling. Results will be released to the student for submission to the outside program. Students with a positive test will not be able to participate in that clinical rotation. They will be referred to the AIMS Office as outlined in section 6 above with notification of the appropriate Student Affairs Dean that the student must be on medical leave.

URINE DRUG TESTING REQUIREMENT AND PROCEDURE

Because of the reasons stated above, CUIMC requires urine drug testing for students prior to the beginning of clinical rotations. The following is some information for you regarding testing.

If a student is already on a clinical rotation and evaluation or recommended treatment would interfere with that evaluation, or the evaluation indicates concerns about patient safety if the student is on a clinical rotation, then the appropriate Dean of the student's school or program will be notified that the student must be on medical leave.

For students on clinical rotations, part of the assessment will be a report from that student's clinical preceptor regarding his/her performance (without disclosing the reason for the request). This report will be obtained by the appropriate Dean and conveyed to the individual assessing the student (AIMS Director or addiction specialist).

Students whose outside rotations require additional drug testing will also have tests performed through Sterling. If one of these tests is positive, the rotation site must be notified and the student will not be able to participate in that clinical rotation. The appropriate Dean will be notified that the student must be on medical leave and the student referred for assessment and treatment through the AIMS office as detailed above.

CUIMC Mandatory Pre-Clinical Drug Testing Policy

Pre-clinical drug testing is required of all students in the clinical schools at CUIMC. Columbia University Medical Center is committed to assisting members of its community in facing the challenges associated with alcohol abuse and illicit drug use. The drug testing policy provides an opportunity for early identification and intervention before the consequences of such abuse adversely impacts a student's health, professional growth, and patient care. Early intervention also provides opportunity for successful treatment without the involvement of formal disciplinary action or other sanctioning.

Procedures:

Register for drug test.

- Locate email from **eServices** .
- Register for test via e-link **within 5 days** of receiving the email.
- Select testing site
- Print or email yourself a copy of the ePassport. Otherwise, you will not be able to access it again.
- You will be given **22 business days to complete screening** from the date of registration.

Go to testing site.

- Bring **State ID & ePassport** to the site you selected.
- All tests will consist of a standard 10-panel urine screening.
- Be sure to complete the screening prior to the expiration date listed on ePassport.

Get results.

- You will be contacted via secure message with your results.
- **NOTE REGARDING PRESCRIPTION MEDICATION:** If you test positive, you will be contacted by the Medical Review Officer (MRO). The MRO will ask if you are prescribed medication that could have been responsible for a positive screening. If so, the MRO will ask you to produce verification documents. Upon verification, the results will be recorded as negative.
- Failure to register or complete the screening will be treated as a positive test. Consequently you will be required to meet with the Director of AIMS for an evaluation in accordance with CUIMC policy.

If you are concerned about the test for any reason, please contact AIMS Director. There will be no penalty, assumptions, or judgment regarding same.

* See [additional information on CUIMC Drug Testing Policy](#)

*For further questions or concerns please contact Stephanie Rozen, Director of AIMS, 212.305.3989, aims@columbia.edu

The AIMS Director and/or addiction specialist will determine when the student can return to clinical rotations as well as the frequency of follow-up drug test monitoring.

APPENDIX F: RESPONSIBLE USE OF ELECTRONIC RESOURCES

Copyright Law and Policy for Columbia's Computer Systems and Network. To copy, distribute, share, or store any information or material on the Internet will infringe the copyright for that information or material, unless the user has the express permission of the copyright owner or the user qualifies for a legal exception under the law. All network users must comply with federal copyright law. Violations of copyright law are also violations of University policy.

Copyright protection covers any original work of authorship that is fixed in some tangible medium of expression. A work is protected from the moment it is created, and it does not have to contain a copyright notice to be protected. This broad protection means that just about any work you come across (software, books, music, film, video, articles, cartoons, pictures, email--whether on the Internet, a CD, DVD, or tape) is likely to be protected by copyright. While there are exceptions under the law that allow the copying or distribution of copyrighted works, it is fair to say that the use of peer-to-peer software programs to make and share copies of copyrighted music and movies, without permission of the copyright owner, would virtually never qualify for an exception.

Responsibility. By using University electronic resources and services you assume personal responsibility for their appropriate use and agree to comply with all relevant University policies, as well as State and Federal laws and regulations. Learn more about [copyright and the Digital Millennium Copyright Act, and for complete information on the University's Computer and Network Use Policy](#). **Abuses of network privilege are a matter of student conduct and are dealt with by your Dean.**

Copyright Abuse. The University must take immediate action when notified of copyright infractions. You will be notified of the alleged illegal activity and your network access may be terminated until you have corrected the problem. **You are personally responsible** for any violation and subject to legal action on the part of the copyright holder. A copyright owner can request a subpoena requiring the University to identify a person engaging in unauthorized copying, downloading or sharing.

Use of Services. The University provides an array of electronic resources and services for the primary purpose of supporting the business of the University and its missions of education, research, and service. Our Internet connections are also shared with the Health Sciences Campus and with New York Presbyterian Hospital to support its mission of patient care. Uses that threaten any of these activities or the integrity of the systems are prohibited.

The University recognizes the dependence of students on the services and resources the network delivers in support of education. As a student, you have a right to access and appropriately utilize the network in pursuit of your education. **However, your personal use of the network for recreation is, at best, a privilege.** When such use violates copyright law it is strictly prohibited. When such use impinges on the primary activities of the University, limits on use, even use that does not violate any laws, will be enforced.

Monitoring. The various technology offices on campus do not monitor the network for content, only for volume of use. However, third-party enforcement agencies acting on behalf of copyright holders do routinely survey networked computers looking for violations of copyright laws. **You may be in violation just by storing illegally obtained copies of such material. Even unintentional infringement violates the law.** For information on disabling programs like Kazaa, Morpheus and Gnutella, contact Columbia IT at 305-HELP, Option 5.

Network Abuse. File-sharing programs typically consume large amounts of network bandwidth. The University will automatically limit Internet access for computers generating excessive network traffic. If such abuse threatens the missions and activities of the university, access to the network may be suspended. For the current limit, see <http://www.columbia.edu/cu/policy/bandwidth-frame.html>

USE OF COPYRIGHTED MATERIAL ON COLUMBIA'S COMPUTER SYSTEM & NETWORK

This is to remind you, as members of the University community, of the University's policies, and the law, on use of electronic resources, including computers, networks, email, and online information resources, and the use of copyrighted material on Columbia's computer systems and network.

Over the past year the University has received a number of allegations against students of illegal possession and distribution of copyrighted materials. Peer-to-peer file sharing technology has made it much easier for individuals to make and share unauthorized copies of copyrighted works, such as music and motion pictures. Such activity is against the law and exposes both the individual and the University to legal liability. This letter is part of a broader concerted effort to deal with the problem of copyright infringement by informing our community about appropriate use.

You may be held legally liable if you have downloaded music, movies or other files without permission from the copyright owner.

Copyright Law and Policy. To copy, distribute, share, or store any information or material on the Internet will infringe the copyright for that information or material, unless the user has the express permission of the copyright owner or the user qualifies for a legal exception under the law.

All network users must comply with federal copyright law. Violations of copyright law are also violations of University policy. Copyright protection covers any original work of authorship that is fixed in some tangible medium of expression. A work is protected from the moment it is created, and it does not have to contain a copyright notice to qualify for protection. What this broad protection means is that just about any work you come across, including software, books, music, film, video, articles, cartoons, pictures, and email, whether on the Internet, a CD, DVD, or tape, is likely to be protected by copyright. While there are exceptions under the law that allow the copying or distribution of copyrighted works, it is fair to say that the use of peer-to-peer software programs to make and share copies of copyrighted music and movies, without permission of the copyright owner, would virtually never qualify for an exception.

Responsibility. By using University electronic resources and services, whether from the library, a lab, a public workstation, or your residence, etc., you assume personal responsibility for their appropriate use and agree to comply with all relevant University policies, as well as State and Federal laws and regulations.

Please see <https://cuit.columbia.edu/cuit/it-policies>

for more on copyright and the University's compliance with the Digital Millennium Copyright Act.

Learn more about the University's [Computer and Network Use Policy](#). FACETS, the official University publication for students includes the computer and network use policy.

Abuses of network privilege are a matter of student conduct and are dealt by the University through Information Technology.

Copyright Abuse. The University must take immediate action when notified of copyright infractions. *You will be notified of the alleged illegal activity and your network access will be terminated* until you have corrected the problem. **You are personally responsible** for any violation and subject to legal action on the part of the copyright holder. A copyright owner can request a subpoena requiring the University to identify a person engaging in unauthorized copying, downloading or sharing. Copyright violations that occur on the University's network may also create liability for the University.

Repeated copyright violations by any network user will result in permanent termination of network access. Such action on the part of the University is required by law.

Use of Services. The University provides an array of electronic resources and services for the primary purpose of supporting the business of the University and its missions of education, research, and service. In addition, our Internet connections are shared with the Morningside campus and with New York Presbyterian Hospital to support its mission of patient care. Uses that threaten any of these activities or threaten the integrity of the systems are prohibited.

The University recognizes the growing dependence of students on the services and resources the network delivers in support of education. As a student, you have a right to access and appropriately utilize the network in pursuit of your education. *However, your personal use of the network for recreation is, at best, a privilege.* When such use violates copyright law it is strictly prohibited by University policy as well as illegal under federal law. When such use impinges on the primary activities of the University, limits on use, even use that does not violate any laws, will be enforced.

Monitoring. The various technology offices on campus do not monitor the network for content, only for volume of use. However, third-party enforcement agencies acting on behalf of copyright holders, such as MGM, Time-Warner and the Recording Industry Association of America, do routinely survey networked computers looking for individuals who, by providing video, music, or software files for download, are in violation of copyright laws. You may be in violation just by storing illegally obtained copies of such material. *Even unintentional infringement violates the law.*

For information about file sharing programs, see
<http://www.columbia.edu/acis/security/users/filessharing.html>

Network Abuse. Note that file-sharing programs typically consume large amounts of network bandwidth. The University will automatically limit Internet access for computers generating excessive network traffic. If such abuse threatens the missions and activities of the university, access to the network may be suspended. [Learn the current limit.](#)

Procedures. The University takes any infraction of copyright seriously. The Office of the General Counsel will be notified by the CUIMC Chief Information Officer of any infractions. Actions may include invalidation of an e-mail account and disconnecting a network port. In the case of repeat infringers, the University is required under the law to take away the infringer's computer account and terminate all access to our network.

APPENDIX G: EMAIL USAGE AND RETENTION POLICY

Policy Statement

Email is an expedient communication vehicle to send messages to the Columbia University population. Because of the versatility and ubiquity of email technology, Columbia University recognizes and has established the use of email as an official means of communication. University email includes Cubmail, Outlook, and other specific services offered by the Business School, Law School and Columbia University Medical Center. This policy defines the appropriate use of Columbia University's email and its retention.

Primary Guidance to Which This Policy Responds

This policy responds to the "Acceptable Use of IT Resources" and the "Desktop and Laptop Security" policies.

Responsible University Office & Officer

The office of Columbia University Information Technology Security is responsible for the maintenance of this policy, and for responding to questions regarding this policy. The Chief Information Security Officer (CISO) is the responsible officer.

Revision History

This policy was established in April 2008.

Who is Governed by This Policy

This policy applies to all individuals who are granted a Columbia University email account. Those individuals covered include, but are not limited to, faculty, staff, students, those working on behalf of the University, and/or individuals authorized by affiliated institutions and organizations.

Who Should Know This Policy

Anyone with a Columbia University email account should know this policy.

Exclusions and Special Situations

None

Policy Text

The following lists the acceptable use and security measures that one must exercise when using Columbia University's email.

1. Messages sent and received via Columbia's email system should be kept as private as possible by senders and recipients, as well as by Columbia University Information Technology (CUIT). The University and its email system administrators will not read email unless necessary in the course of their duties (e.g., including investigation, inappropriate contents or as directed by Office of the General Counsel, and will release email as required by an executed subpoena valid in the State of New York).
2. No email may be sent or forwarded through a University system or network for purposes that violate University statutes or regulations or for an illegal or criminal purpose.
3. When conducting University business, only a Columbia University email account (e.g., UNI@CUIMC.columbia.edu, name@columbia.edu, anything@columbia.edu, name@gsb.columbia.edu, or name@law.columbia.edu) is acceptable for official University and/or business related correspondences. The use of personal email accounts, to conduct such University business, including personal Columbia Alumni Association accounts (anything@caa.columbia.edu), to represent oneself or one's enterprises on behalf of the University is prohibited.

4. Nuisance email or other online messages such as chain letters or obscene, harassing, offensive or other unwelcome messages are prohibited. Such email should be reported to the departmental system administrator or CUIT help desk immediately.

5. Unsolicited email messages to multiple users are prohibited unless explicitly approved by the appropriate [University authority](#).

6. Confidential and/or sensitive information (e.g., SSN, credit card, medical records) must not be sent by email. The only acceptable way to transmit such information electronically is to attach the information as a password-protected and/or encrypted file; never type the information in the body of the email; and never send a password or decryption key in the same email. Unless the file is encrypted or password-protected, it can be read by others and therefore should not be considered private communication.

Learn the instructions for [password protecting and encrypting Microsoft Office documents](#). For communications involving health care and medical information, you must adhere to the Columbia University Irving Medical Center's [email policies](#). [More information](#) can be found here.

Prior to sending an email with sensitive and/or confidential information, verify the accuracy of the recipient's email address to prevent unintentionally sending it to an unauthorized individual. Once an email is sent, it cannot be recalled and /or undone.

7. All messages must show the genuine sender information (i.e., from where and from whom the message originated). Users are not allowed to impersonate other users or user groups, real or fabricated, by modifying email header information in an effort to deceive the recipient(s); e.g., email spoofing is specifically prohibited.

8. Potentially damaging emails (e.g., unsolicited, mass or commercial messages; messages that appear to contain viruses) will disrupt University operations. To prevent the spread of this type of email, the University reserves the right to terminate its connection to outside host servers, as well as filter, refuse and/or discard these messages.

9. Email boxes that are hosted on CUIT servers are backed up nightly and retained for up to five weeks. Deleted and purged email, if available in a backup copy, may be recoverable if the request is not longer than five weeks from the date of deletion. Email forwarded (i.e., redirected) to a personal email account (e.g., Gmail, Yahoo, Hotmail) that is not under CUIT control is excluded from the CUIT email backup.

Responsibilities

The intentional abuse of email privileges may result in having your University email account suspended / revoked. Unauthorized access to read another person's email will be treated with the utmost seriousness, including disciplinary actions, suspension and/or termination.

Definitions

Deleted and purged email – When an email is deleted, it is flagged for deletion and remains on the system; at this point, the message can still be undeleted by restoring it from the Trash. Once a deleted message is purged from the system (e.g., via a "purge" command, emptying the Trash or by using the "Erase Deleted Messages" command), the message is generally retained online for about a week; administrators can access it, but is no longer counted against the owner's quota.

Contacts

[Learn more here](#), call the Columbia University Information Technology Service Desk at 212-854-1919, or Email: security@columbia.edu

Cross References to Related Policies

For CUIT Security Policies, see [the University Administrative Policy Library, CU Information Technology section](#)

For additional policies relating to computing use, computer security standards and guidelines, data classification and encryption, see the “Acceptable Use of IT Resources”, “Desktop and Laptop Security”, “Data Classification” and “Encryption” policies.

See the [Columbia University Student Email policy](#). Learn [additional information](#) about security standards.

APPENDIX H: ORDERING A TRANSCRIPT

Effective May 2013, the Office of the University Registrar has launched a new online transcript request service. This endeavor is in partnership with the premier electronic transcript vendor, Parchment. Since the launch, Columbia students have been able to log into SSOL and request transcripts in 2 forms, secure PDF via email or printed on paper via mail delivery. This service is available to anyone with SSOL access, free of charge. Below are the steps students should follow to use the online tool:

1. [Log into SSOL](#)
2. Select “Transcript Ordering”
3. Select the schools (if multiple are available) to include in your transcript
4. Click the “Order Transcript” button at the bottom of the page
5. A new window will appear directing you to the ordering portal
6. Select your ordering option (e-transcript or paper)
7. Input the recipient’s information
8. Checkout

Students will be notified via email as their order is initiated, processed and delivered.

Exceptions:

Sending a transcript to a recipient that needs the transcript to come directly from the school should not be ordered using this process. Contact the Registrar’s Office at 212-342-4790.

APPENDIX I: CONCERNED ABOUT A STUDENT OR FRIEND?
(A Guide for those concerned that a Student, Classmate or Friend
May be Depressed or At-Risk for Self-Harm or Harming Others) *

*Excerpted from material developed by CUI MC Student Health Services

Concerned About Someone?

Are you concerned about a classmate or friend who is depressed and possibly suicidal? Has a classmate or friend expressed a desire for self-harm?

Understand the Situation

All suicide threats and attempts should be taken seriously. The depression and emotional cries that so often precede suicide are, in most cases, both recognizable and treatable. A person who is depressed and possibly at risk for self-harm or harming others may feel any of the following:

- Lonely
- Depressed
- Despondent
- Isolated
- Desperate
- Hopeless/Worthless
- Extremely Anxious or Frustrated

Verbal Cues

Someone who is depressed and/or at risk for self-harm may express some of the sentiments listed below – sometimes in variations of these themes, which is why it is important to listen carefully to what they say:

- No one understands what I am feeling
- No one would miss me if I were gone
- It's the only way to solve my problems
- I want to die/I want to kill myself
- I can't stand the pain anymore
- I want to hurt someone

Behaviors

Someone who is depressed and at risk may not be able to verbalize their feelings. Some behaviors to look for include:

- Recent impulsiveness/taking unnecessary risks
- Inability to focus or concentrate
- Dramatic change in mood
- Unexpected rage or anger
- Giving away prized possessions
- Withdrawing from activities
- Increased alcohol or other drug use
- Inability to sleep or sleep excessively
- Poor hygiene (not bathing, wearing dirty clothes)
- Stockpiling prescriptions or other medications

Your Role as a Concerned Person

The risk of not taking action far outweighs the risk of taking action.

One of the most important things that you can do is believe what the person is saying and acknowledge their feelings.

What Can You Say?

Don't be afraid to ask "Are you having thoughts of suicide?". You will **not** put ideas in someone's head but **will get** valuable information about how to go about helping the person.

Ask:

- Have you thought of how you would do it?
- Do you have a specific plan?
- What is your specific plan?

Note: An affirmative answer to any of these questions may indicate that the person is at imminent risk.

Acknowledge the person's feelings by reflecting what you heard them say, e.g. "It sounds like you are feeling lonely and misunderstood. That must be painful".

Tell them that you cannot promise confidentiality, but you can guarantee only those who need to know will know.

Assure them that they are not alone; you are there for them and you can help them find people at CUIMC who can help.

Trust your "gut". As a caring person you may feel a range of feelings, all of which are normal, such as:

- Inadequate or as though you can't help
- Scared or overwhelmed
- Determined to help since this person chose you as their confidant
- Unsafe or uncomfortable
- Afraid of losing the friendship if you act

What Can You Do?

1. If it is an emergency, call NYPF, 911 or CUIMC Security at 212-305-7979
2. Walk the person to the emergency room or to Student Health Services (weekdays)
3. Call Student Mental Health Services at 212-496-8491 (days) or 212-305-3400 (press 7) in the evening or on weekends
4. Encourage the person to call, in your presence, one of the following hotlines
 - Lifenet at 800-273-8255
 - National Hopeline at 800-784-2433

Resources for Advising and Working with Students

Academic Advice: Registration/administration related to program academic issues, Specialization tracks, sub-specialization and elective courses, Clinical Education placement, Graduation requirements, Change of Grade, Leave of Absence/Withdraw from program, Career pathways

Office/People that can help: Program Director, Director/Advisor/Faculty, Directors of Clinical Education, Program Director, Course Director, Program Director, Director/Assistant Directors of Clinical Education/Faculty

Academic & Clinical Integrity: Plagiarism, cheating on exams, misrepresenting work, citation issues, Internet search and unclear group project boundaries

Office/People that can help: Student Handbook, Program Academic Standing Committee, Faculty

Career Education: Career counseling, post-graduation residency programs, career management strategy (resume/CV, cover letter, interviewing), Clinical Education Fellowship

Office/People that can help: Directors of Clinical Education
External Scholarships, Awards, Other Funding Sources, Career Opportunities/Finding a Position Post-Graduation, Licensure Requirements, Filing an Application, National Licensing Examination

Office/People that can help: Directors of Clinical Education /recommendation of Program Director, Program Director, [Program website](#), [After College](#),

Conflict Resolution: Information about program and CU policies/procedures, concerns about interpersonal conflicts and ethical dilemmas; perceptions of incivility, unfairness or unprofessional conduct, disciplinary reprimand.

Office/People that can help: Program Handbook, [Essential Policies for the Columbia Community](#). A good place to start is with the Program Director or faculty member. Students are also encouraged to seek assistance from the [Ombuds Office](#), 154 Haven Avenue, 212-304-7026, call for an appointment

Disability: Coordinates reasonable accommodations and support services, assistive technology, networking groups, academic skills workshops and learning specialists.

Office/People the can help: Dr. Wing Fu, program liaison with Disability Services (DS), wf2214@CUIMC.columbia.edu, 212-305-9385. DS Office: 105 Bard Hall, 212-304-7029, [visit their website](#) to learn more. Office Hours: Mon-Tues & Thurs-Fri 9-5, Wed. by appointment.

Financial Services: Financial aid, loan certification, loan counseling and debt management

Office/People that can help: Office of Student Financial Planning, 630 West 168th Street. [Visit the website to learn more](#). Diana Parre, Associate Director,

dp2037@CUIMC.columbia.edu. Hours: M, T, Th, Fri, 9AM-5PM, Wed. 12-5, 212-305-4100.

Student Services: Academic; transcript, billing, payments, direct deposit, address update

Office/people that can help: Registrar's Office, Black Building. Hours 9-4:30 M-F.
[Learn more from their website](#). 212-324-4790

Housing: Columbia housing issues

Office/People that can help: Office of Housing Services, Bard Hall, 1st Floor, [visit the website to learn more](#). Noemi Bueno, Housing Manager, 212-304-7008; Rocio Calixto, Leasing Agent, 212-304-7267. Email CUIMC.housing@columbia.edu.

Learning Concerns/Study Skills/Other: Organizational, or time management issues, exam anxiety, disconnection between ability and performance.

Office/People that can help: Disability Services (see contact information above).
[Student Wellness Center](#) runs workshops to enhance time management and study skills (see information below).

Student Health Services: 50 Haven Avenue, Bard Hall 107 & 101, 212-305-3400. [Learn more from their website](#). Hours: Mon-Wed, 10-7; Thurs. 10-6, Fri 10-5

Student Wellness: The [Center for Student Wellness](#) (CSW) creates innovative research-based and student-centered opportunities that facilitate the personal and professional development of CUIMC students, offering assistance in stress reduction, mental health, nutrition, fitness, sexual health, substance abuse, yoga and Pilates programs.

Addiction Illness: Medical Solutions: Help with alcohol or drug problems or support for those in recovery.

Office/People that can help: Addiction Information and Management Strategies (AIMS), Stephanie Rozen, Director, sg3052@CUIMC.columbia.edu, 212-305-3400, 50 Haven Avenue, Bard Hall, Suite 102, Hours: Mon-Thurs 9:30-5:30 or by appointment: aims@CUIMC.columbia.edu, or 212-305-3400

Mental Health Services: Counseling and psychological services for short term individual counseling, student support groups, medication consultation. Issues related to anxiety and panic symptoms, sadness, depression, insomnia, fatigue, loss and grief, interpersonal difficulties, identity issues, social shyness, eating disorders, substance abuse, cross-cultural issues, other life crises. Learn more from the [Mental Health Services website](#).

Also, the [sexual violence, prevention and response](#) program supports students in healing from relationship violence, and educates students about consent and coercion to promote a respectful campus. 60 Haven Avenue. 24/7 365 days a year support is available: 212-854-4357

National Hopeline Network: Depression/suicidal thoughts. Call 800-422-HOPE (4673), or 800-SUICIDE (784-2433).

Sexual Assault: See [full disclosure and how to file a complaint](#)

Office/People that can help: 212-854-4357 (HELP)

Discrimination, Harassment, Gender-Based & Sexual Misconduct: Office of Gender-Based Misconduct. [See full disclosure.](#)

Office/People that can help: Counseling services, 212-854-2728; Rape Crisis/Anti-Violence Support Center, 212-854-HELP

Office of the University Chaplain: 212-854-0349

Public Safety: Escort Service: CUIMC Public Safety (Security) 212-305-7979. To report a theft or attempted rape: CUIMC Public Safety, 911 or NYPD, 212-927-3200

Intercampus Shuttle: Connects main campus (Morningside) with the Medical Center. [See website for schedule.](#)



COLUMBIA UNIVERSITY
MEDICAL CENTER

Program in Physical Therapy